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THE PHILIPPINE CHILD SURVIVAL PROGRAM
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INTRODUCTION

This first annual report of the Child Survival Program Technical Assistance Team (CSP/TAT) covers the period August 1, 1990 through December 31, 1991. The report consists of three parts:

1. Background information regarding the CSP and the role of the TAT in achieving CSP objectives.
2. A summary of the major accomplishments, issues/constraints, strategies to overcome the constraints, and future prospects and priorities for each of the five CSP program areas assisted by the five long-term advisors who make up the TAT.
3. Suggestions and recommendations regarding the role of the TAT in achieving CSP objectives for 1992.

This report aims to take stock of the Child Survival Program as a whole, to both look backwards (from where have we come) as well as forwards (to where we are going) in order to place the activities of the TAT in perspective. We have tried to keep it brief in order to make it more readable; there is no attempt to make an exhaustive list of every activity carried out under the contract.

The TAT recognizes that the Philippine Child Survival Program is a very large undertaking which can only succeed through the coordinated efforts of a great number of people. The most important part of this enterprise, of course, consists of those Department of Health (DOH) staff and volunteers who have dedicated themselves to the reduction of preventable death and disability in children -- the barangay health workers, midwives, nurses, and doctors working as program managers, as staff of health facilities, and in communities throughout the country. In addition, the Program Coordination Unit (PCU) of the DOH has managed the CSP resources in a very competent and professional way. USAID, for its part, has played a very active and positive role in trying to support the DOH in its efforts.

The TAT also has had a role to play, as this report will attempt to make clear. The TAT has relished its opportunity to work closely with its DOH colleagues in trying to strengthen child survival in all its aspects.

THE CHILD SURVIVAL PROGRAM AND THE ROLE OF THE TECHNICAL ASSISTANCE TEAM

The Child Survival Program is a major initiative of the Philippine Department of Health, with funding provided by USAID. The CSP, which began in late 1989, will end in March 1994. The primary goal of the CSP is "to contribute to a reduction in the variance of infant and child mortality and morbidity rates among and within provinces and regions while simultaneously lowering the corresponding national rate." The CSP's stated purpose is "to increase the availability, utilization, and sustainability of child-survival related services, including child spacing."

In order to achieve these goals and purposes, the Philippine CSP relies on two principal strategies:

1. To create conditions that foster the efficient delivery, increased availability, and utilization of child survival-related services, particularly to underserved and high-risk groups;
2. To ensure the sustained commitment to, demand for, and financing of child survival through both the private and public sectors.

The primary means by which the DOH implements these strategies (as part of the CSP) is by enacting policy reforms. At the beginning of the CSP, the DOH and USAID jointly agreed upon a series of performance benchmarks which, if achieved, would indicate that the critical policy reforms and policy objectives had been carried out. These performance benchmarks (except for nine service delivery targets to be achieved by the end-of-program in 1993) are reviewed in November of each year and if all benchmarks for that year have been achieved, USAID provides its annual tranche (payment) to the Government of the Philippines (GOP). This funding mechanism, known as performance-based disbursement, allows the DOH to manage the funds it receives (in pesos, from the Phil. Department of Budget & Management [DBM]) according to its own best judgement, as long as all performance benchmarks are achieved. To support the DOH in making all this happen (including proper documentation) the PCU has been set up, and the 5-person TAT has also been actively involved in all stages of the process.

During the period covered by this annual report (August 1990 through December 1991) the TAT's role went through an evolutionary process that can be summarized as follows:

PHASE I: ORIENTATION (August 1990 - December 1990)

The original four TAT Advisors -- Steve Solter (Epidemiology-based Planning), Lyn Almario (Health Care Financing), Sonny Sta. Maria (Health and Management Information System) and Ernie Hernandez (Social Marketing) -- officially began working at the DOH in August 1990. (Although Mr. Sta. Maria started a month earlier and Mr. Hernandez carried over from the Healthcom Project). The TAT's initial workplan focused on achieving the specific Scope of Work activities listed in the Management Sciences for Health (the primary contractor) contract with USAID. As members of the TAT developed closer ties with their counterparts they learned a great deal about the major constraints and problems they faced in achieving their objectives and the objectives of the CSP. This first phase (August 1990 - December 1990) provided the TAT an opportunity to get hands-on experience with performance benchmarks -- a key to the effectiveness of the CSP. The 1990 CSP Benchmarks that had to be achieved by October 1990 involved important areas such as health planning, the Field Health Services Information System (FHSIS), and IEC.

The TAT worked closely with the PCU, with program managers, and with USAID to make sure that the 1990 benchmarks were accomplished and fully documented. As a result of this team effort the CSP's second tranche was released to the Philippine government in December 1990.

During this period the team met frequently to try and determine how it could contribute most to the goals of the CSP as well as the goals of the DOH. A Because the four original TAT members worked in very different areas (e.g., Finance, Social Marketing, Information Systems, and Planning) and had very different backgrounds, functioning as a "team" was a gradual process. The team building workshop the team underwent in July 1990 (prior to project start-up) had proved very useful to the process. In addition, the USAID provided the TAT needed support and advice in improving administrative arrangements and the DOH through the Chief of Staff and the PCU gave the TAT technical direction in its efforts to respond to program concerns .

PHASE II: ACHIEVING THE 1991 BENCHMARKS (January 1991 - September 1991)

In January 1991, Benjamin Loevinsohn, the Programs/Evaluation Advisor, joined the TAT as a fifth member and Ms. Tess Sabella came on board as technical manager/coordinator. The period January-September 1991 saw the TAT focusing its efforts on assisting its DOH counterparts in achieving and documenting the 1991 performance benchmarks.

There were a total of 23 performance benchmarks for 1991. Many of these involved health care financing (a total of 8 major studies concerning health financing were carried out, with technical assistance provided by SGV) in order to achieve the performance benchmarks. These studies were implemented with the close cooperation of the DOH, the Philippine Medical Care Commission (PMCC), the HMO industry, and other elements of both the public and private sectors. Because of the inter-sectoral collaboration involved in these studies an effective base was established for future health financing initiatives in the Philippines. Other major benchmark areas for 1991 included decentralized health planning, an integrated MCH Manual, a Comprehensive Nutrition Plan, and greater public-private collaboration in health.

The 23 performance benchmarks for 1991 were achieved and fully documented through the combined efforts of the DOH, PCU, TAT, and the USAID.

- A Mid-Term Program Review of the CSP was also conducted in October/ November 1991 by an international team contracted by the USAID. By and large, the assessment was very positive for the program.

PHASE III: MEETING THE CHILD SURVIVAL TECHNICAL ASSISTANCE NEEDS OF THE DOH (October 1991-December 1991)

Once it was clear that the 1991 performance benchmarks would be fully met and documented, the TAT began a process of meetings, discussions, and workshops with DOH counterparts regarding how best to meet the technical assistance needs of DOH units concerned with child survival. This process (which actually began in 1991) was completed by October 1991 and proved to be an extremely valuable exercise. It helped to clarify what were the highest priorities among the various child survival-related programs. It also enabled the TAT to manage its resources in such a way that maximum impact could be achieved by the DOH in support of CS goals.

Phase III was also the beginning of a time of transition: the Undersecretary/Chief of Staff Mario M. Taguiwalo announced his resignation from the DOH effective January 15, 1992. The Secretary was expected to resign shortly thereafter. January 1, 1992 marked the beginning of implementation of the far-reaching Local Government Code (LGC), a major effort by the GOP to decentralize services (including health services) to the provincial and municipality levels. General elections were scheduled for May 1992. By the end of 1991 it was clear to the DOH (and the TAT) that governors and mayors would, henceforward, have much more to say about health services in the Philippines. This meant that it would no longer be possible to assume that basic child survival services (like immunization, oral rehydration, diagnosis and treatment of childhood pneumonias, maternal care, family planning, etc.) would be strongly supported. Local government officials would have to be convinced of the importance and priority of these life-saving and life-sustaining interventions for mothers and children. In addition, the TAT began to concentrate more and more on helping the DOH achieve the 9 end-of-project (1993) service delivery targets. Despite the achievements of 1991, the CSP and the TAT face 1992 with bigger and newer challenges.

CHIEF OF PARTY

INTRODUCTION

The role of the Chief of Party (COP) for the period August 1990-December 1991 has focused on the following areas:

- Being responsible for the overall performance of the Technical Assistance Team (TAT) in meeting its contractual obligations as well as its meeting the technical assistance needs of the Child Survival Program (CSP) within the Department of Health (DOH);
- Managing project resources (especially long-term and short-term advisors). Administrative support and financial management was provided by SGV under its subcontract with MSH;
- Representing the TAT when meeting with DOH officials, USAID, and other agencies or organizations.

The Chief-of-Party (Dr. Steve Solter) had not managed a team of this sort before, and the first few months were a time of learning from experience, on-the-job. Fortunately, USAID/OPHN recognized this and supported a new arrangement which significantly strengthened team management. The new arrangement involved having SGV (through its subcontract) take over most administrative functions (including financial management). This allowed Dr. Solter to spend more time on his technical role (as epidemiology-based planning advisor) as well as providing technical guidance for the other advisors, both long-term and short-term.

I. **ACCOMPLISHMENTS**

1. **Project Start-Up**

- Established initial office and administrative systems, hiring of staff (with help of SGV)
- TAT Teambuilding workshop at Boston and DAP

2. **1990 and 1991 Benchmarks**

Working closely with PCU, DOH counterparts and USAID, made sure all 1990 and 1991 benchmarks were met and fully documented

- ### 3. **Hiring of Short-Term technical assistance (including orientation, close coordination, technical direction as required, and de-briefing), including Robert Magnani(Health Info Systems), Fred Zerfas (Nutrition), Elyn Gorra (Area Program-Based Planning), Tony Santiago (Private Sector Involvement in Health Planning), Beulah Taguiwalo (CSP Publications/Monographs), Rhais Gamboa (FETP Evaluation), Charles Stover (Health Care Financing/HMO), etc.**
- ### 4. **Clarification of end-of-program service delivery targets (together with PCU, program managers and Dr. Loevinsohn), leading to clearer, more measurable, and more "doable" service delivery targets.**
- ### 5. **Completion of TAT Workplans (October 1990-March 1991; April 1991-September 1991; October 1991-March 1992)**
- ### 6. **Special TAT-led or sponsored activities, including:**
- CMCH Forum
 - CSP Lecture Series
 - TA Needs Workshop
 - Visits by Undersecretary Tomas Maramba to USA and Dr. Lou Casimiro to an International Health Education meeting in Finland
 - Evaluation of the FETP, with recommendations for its institutionalization within the DOH
- ### 7. **Support for CSP Mid-term Review**
- ### 8. **Support for DOH in preparing transition to the Local Government Code**

II. CONSTRAINTS/ISSUES

The major constraint for the Chief of Party (COP) was lack of experience/expertise as a manager. The period covered by this report (August 1990-December 1991) involved learning from experience with plenty of help from USAID/OPHN (Dr. Voulgaropoulos) who recognized the problem early and allowed SGV to take over most administrative/financial responsibilities on a day-to-day basis. The COP still maintained overall responsibility for the performance of the TAT and managing MSH's contract, but SGV's new role freed the COP to spend more time as Programs/Planning Advisor and to provide technical guidance and supervision to other team members.

Despite this new arrangement, there were still difficulties in getting the TAT to act in a unified way, as a "team", and to have the team perceived by the DOH as functioning as a single unit. To overcome this and other remaining weaknesses, the HMIS advisor (Mr. Sta. Maria) assisted the COP in several areas, including preparation of team reports and interaction with the PCU and USAID/OPHN. By year's end (December 1991) team management was seemingly back on track, with very positive feedback from DOH counterparts.

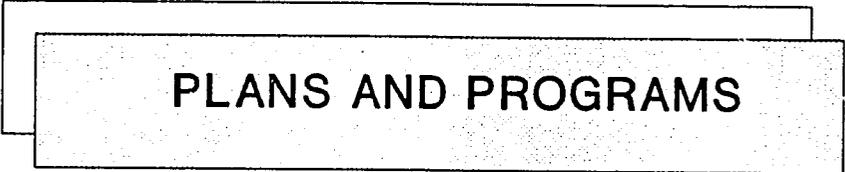
III. STRATEGIES TO OVERCOME CONSTRAINTS

In the description of the constraint (see paragraph above) there was also an account of how that constraint is being solved. The process of overcoming management weaknesses within the TAT is a continuing one, and as long as the TAT communicates closely and well with its DOH counterparts, with PCU and with USAID/OPHN (as well as USAID/Contracts), the gaps and limitations can be dealt with as they arise. The TAT is confident that it can manage its work with the DOH quite effectively over the remaining period of its contract.

IV. PLANNED ACTIVITIES (1992)

1. Monitoring of the current workplans for Long-Term Advisors (Oct. 1991-March 1992) and setting up a system for continuous monitoring and quality control;
2. Setting up a system (with the collaboration of PCU and USAID/OPHN--especially Dr. Capul) for making sure 1992 benchmarks (ten (10) in all) will be achieved and documented by October 1992;
3. Working closely with the DOH in its transition period leading up to a new administration (to take office in July 1992);

4. Supporting the DOH, the provinces, and the municipalities (including local government officials) in making the Local Government Code a success when it comes to health service delivery;
5. Phase out Health Care Financing (HCF) as a component of the TAT and CSP, and add TA to strengthen the transition to a decentralized health system.



PLANS AND PROGRAMS

INTRODUCTION

The role of the Epidemiology-Based Planning/Plans and Programs Advisor for the period August 1990 - December 1991 has focused on the following areas:

- Developing the Area Program-Based Planning approach as a means of decentralizing health planning;
- Training of regional and provincial health staff in health planning skills;
- Strengthening the Core Group (both in terms of defining its role and developing its skills)
- Operations research strategy to determine how locally-produced health plans can be used by health managers as a management tool

Outside of the IPS, the advisor worked with the Nutrition Service in developing its Comprehensive Nutrition Plan, and with the Maternal Child Health Service (MCHS) and the Family Planning Service (FPS) in clarifying their service delivery targets (and their strategies to achieve them). He also worked with the FETP in trying to link that group more closely with program managers.

I. ACCOMPLISHMENTS

1. Strengthened capability of provincial, regional, and national-level health officials to use the area Program-Based Health Planning approach in developing decentralized health plans;
2. Supported the "Core Group" (a group of twenty-five [25] centrally-based health planners and program managers) in developing new skills to strengthen decentralized health planning and management;
3. Assisted in empowering PHOs to decide for themselves how to spend their MOOE augmentation funds for 1991;
4. Facilitated negotiations with twenty-seven (27) priority provinces in 1990 and with seventy-five (75) provinces in 1991, regarding nine (9) service delivery targets to be achieved by the provinces in 1991 and 1992;
5. Facilitated Internal Planning Service's efforts to achieve five (5) planning-related performance benchmarks in 1990 and eight (8) planning-related performance benchmarks in 1991;
6. Helped IPS develop a protocol for an intervention trial to determine how local area managers can use their health plans as day-to-day management tools;
7. Assisted the Nutrition Service (NS) in refining its draft "Comprehensive Nutrition Plan 1992-1996" and in preparing its presentation to the DOH Executive Committee;
8. Worked with both the NS and the MCH Service (together with the Programs/Evaluation) in developing a micronutrient strategy;
9. Worked with the OPHS in strengthening its role as a coordinating, facilitating force concerning the ten (10) Child Survival interventions;
10. Assisted the MCH Service in particular areas, such as planning for neonatal tetanus elimination, serving on the National Immunization Council, and assessing CDD Case Management.
11. Provided technical assistance to Cebu Child Survival Center in preparing its 5-year development plan.

II. CONSTRAINTS/ISSUES

1. A major constraint for the Internal Planning Service concerns the future of Area Program Based Planning (APBP) once the Local Government Code (LGC) is fully implemented. For the past 2 1/2 years all 75 provinces and 60 cities in the Philippines were required to use the APBP methodology. With the LGC, Provincial Health Officers (PHOs) and City Health Officers (CHOs) will no longer be DOH employees and can no longer be required to submit annual plans to the DOH.

In a sense the new situation will be as much an opportunity as a constraint for IPS. The opportunity (or challenge) lies in trying to convince local health managers that APBP is a useful way for them to be more successful, to achieve higher levels of performance and accomplishment. With APBP the midwife, nurse, or doctor can determine which specific barangay and which specific program needs extra resources or extra attention to achieve higher levels of coverage. The APBP approach can be used as a management tool to improve performance.

2. At year's end there was uncertainty over the possible reorganization of IPS and HIS. This led to some problems with morale in IPS.
3. A major constraint for many programs was poor logistics management and inadequate drugs and supplies at the point of service delivery throughout the country.

III. STRATEGIES TO OVERCOME CONSTRAINTS

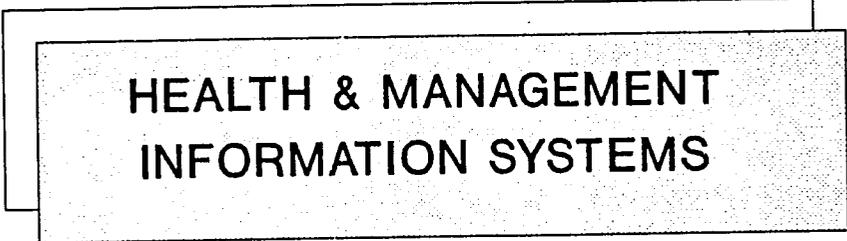
1. There are two steps the IPS can take to overcome this constraint. The first is to implement an intervention trial (scheduled for 1992) which would determine what can be done by local area managers (e.g. PHOs and CHOs) to use their APBP as a management tool to improve performance. Once the PHOs can see the clear advantages (for them, as a practical matter) of the APBP approach they will be likely to want to continue doing it, even without pressure from the central office.

The second step would be for IPS to focus the energies of the Core Group to support local health managers in the transition to the LGC.

2. The only solution for this constraint is to wait and let whatever happens, happen.... and then make the best of it.
3. This constraint will require technical assistance to determine what, in light of changed circumstances of the LGC, can be done to improve procurement, distribution and use of drugs, vaccines, and supplies crucial for child survival (including co-trimoxazole for ARI, ORS, contraceptives, micronutrients, and so forth).

IV. PLANNED ACTIVITIES (1992)

1. Assist the Cebu Child Survival Center develop its 5-year plan and help it prepare its written report to the DOH Executive Committee;
2. Work with the FETP as it becomes institutionalized within the HIS, especially regarding its support of program and area managers;
3. Continue efforts to strengthen the capability of the Nutrition Service to implement its Comprehensive Nutrition Program 1992-1996;
4. Provide, or help procure. technical assistance to those services with particularly severe problems with logistics management;
5. Strengthen the capability of the IPS to manage the Core Group and the intervention trial aimed at improving the usefulness of local plans to PHOs, CHOs, and MHOs;
6. Facilitate the work of OPHS in supporting the key child survival interventions.



**HEALTH & MANAGEMENT
INFORMATION SYSTEMS**

INTRODUCTION

The main role of the Health and Management Information Systems (HMIS) Advisor is to significantly contribute to the creation of an environment within the Department of Health that is conducive to information-based decision making, that relies on the use of computer technology and is open to the application of systems methodology in day-to-day operations. For this reporting period, the Advisor has done this by:

- o Providing the necessary technical, supervisory, coordinative, and managerial support in the installation, maintenance, and improvement of the Field Health Services Information System (FHSIS)
- o Equipping FHSIS implementors with the necessary skills to manage FHSIS appropriately
- o Developing other information systems
- o Providing expertise support to child survival service programs

In addition, the HMIS Advisor was also given the task of providing the CSP-TAT Chief of Party with the necessary support in his management and administrative responsibilities.

I. ACCOMPLISHMENTS

A. **Field Health Services Information System**

Installation

- Assisted the Health Intelligence Service (HIS) and the Management Advisory Services (MAS) in the training of system implementors in the National Capital Region (NCR)
- Prepared the operations procedures manual for all FHSIS coordinators in the regions
- Designed and implemented the system for monitoring and evaluating FHSIS implementation in the regions and in NCR
- Provided direct assistance in the computerization of the reporting forms for NCR
- Assisted in revising the procedures manual for midwives of the NCR
- Reviewed the status of the nationwide implementation of FHSIS with the FHSIS program managers and directly assisted the teams in troubleshooting problems in the provinces
- Provided technical inputs for the data utilization training

Management Systems Development

- Prepared and submitted to Undersecretary/Chief of Staff Mario Taguiwalo an FHSIS Management Plan which served as the FHSIS benchmark submission for 1990 and became the master plan for the succeeding activities of FHSIS
- Defined the range of major and minor activities for FHSIS and their responsibility centers
- Caused the creation of the FHSIS ManCom which is the policy-making body for FHSIS matters; the Operations Committee which oversees day-to-day FHSIS matters; the Management Team, which is composed of five management groups tasked with monitoring the implementation of FHSIS in the different regions
- Assisted the Management Groups in:
 - preparing area profiles under each group's care
 - defining the functions of each member

- outlining the group's activities in the field and training them to do these properly
- finalizing the operations manual
- Participated in ManCom meetings which decided on, among other things, the transfer of computerization responsibilities from MAS to HIS, the training of HIS staff in the processing of FHSIS, defining the period for the installation of FHSIS at the regional health offices
- Prepared the organizational structure for FHSIS and the flowchart of activities of various actors in the FHSIS hierarchy, from the midwives to the Central Office
- Prepared and presented a scheme for reorganizing HIS to improve FHSIS implementation

System Maintenance/Improvement/Upgrading

- Provided technical and operational inputs to MAS in the development of the provincial subsystem
- Assisted MAS in the preparation and finalization of the Computer Operator's Procedures Manual
- Provided technical and operational inputs to the MAS team re the development of the regional subsystem; assisted in finalizing the regional output tables
- Assisted MAS in the selection of the appropriate RDBMS for the DOH; this RDBMS was used as the basic platform for the regional subsystem
- Provided technical inputs to MAS in the installation of the regional subsystem, the development of the national subsystem, and the reformatting of the provincial subsystem
- Assisted HIS in planning and preparing for consultative workshops with regional and provincial coordinators, program managers, regional directors and program coordinators; participated and acted as facilitator in all of these workshops
- Provided technical advice to FHSIS Management Groups re their roles in teaching midwives how to use the output tables
- Initiated moves with key staff of HIS towards presenting a modified reporting layout in the output tables by including only the relevant and useful indicators

- Provided physical help in producing quarterly regional output tables and reviewing outcomes to determine their usability by the program managers
- Personally visited seven regional offices in nine days to have a firm grasp of the computerization problems and encourage regional operators to submit reports on time

Strengthening the Management of FHSIS

- Prepared a long term training program for FHSIS implementors enumerating the skills to be developed, the intended participants, the schedules and the resources required
- Conducted the systems development course for selected staff of HIS
- Prepared the training design, syllabus, teaching aids and materials, programme and administrative requirements for conducting the training course, "The Management of FHSIS as a System"; the course had to be postponed for next year
- Conducted various consultancy sessions for the regional FHSIS coordinators to improve their respective performance in FHSIS
- Facilitated a special consultative session with FHSIS implementors in the field to discuss the effects of the Local Government Code on FHSIS down to the lowest level
- Provided technical inputs in the refinement of the FHSIS logistics system

Implementation of the Monitoring and Evaluation Scheme

- Designed the baseline monitoring system, prepared the computer programs, and processed the results of the baseline monitoring
- Assisted HIS staff in the design of the regular monitoring scheme for data recording and reporting
- Physically participated in the monitoring activities of the management groups
- Assisted HIS staff in the analysis and interpretation of the results of monitoring data

Conceptualization of a Population-based Information System to complement FHSIS

- Assisted HIS in drawing up a Management Plan and consulted the National Statistics Office (NSO) Administrator regarding coordination and cooperation in the implementation of the Plan
- Solicited NSO assistance in assessing HIS staff's capability and developing a training/retraining program based on the required skills that were identified.

B. Provision of Other Information Systems Technical Assistance

- Provided technical assistance to the developer of the geographic information system (GIS) by defining the information requirements of the system
- Defined the information requirements, designed and supervised the development of the Targetted Areas Monitoring System (TAMS) for the Community Health Services (CHS) and the Projects Monitoring System (PMS) for the Projects Coordinating Unit (PCU)

C. Management of CSP-TAT Activities (In support of the CSP-TAT Chief of Party)

Preparation/Finalization of Benchmarks

- Prepared the documentation for the FHSIS 1990 benchmark and assisted the DOH in the preparation of documentation for the 1990 benchmarks
- Assisted the DOH in the actual preparation and finalization of the documentation for the 1991 benchmarks; together with the HCF Advisor, worked with the PCU staff to make sure that the benchmarks documentation conformed to requirements; also extended help in packaging and presenting the benchmarks to USAID and in meeting the post-presentation requirements of the Mission Director

Midterm Evaluation

- Supervised the data gathering and report preparation activities of the Kabalikat Team--this Team prepared the CSP situationer that served as input document for the Midterm Review Team (MRT)
- Accompanied the MRT group leader in his provincial visits
- Provided the MRT with the necessary technical inputs in its evaluation of the Advisor's concerns
- Coordinated the provision of administrative support to the MRT

Administrative

- Coordinated the activities of the CSP-TAT staff in the provision of administrative support to the Advisors
- Reviewed contracts, accounting reports and other matters with SGV
- Where needed, coordinated TAT requirements with PCU
- When needed, supervised the production of reports for submission to USAID, DOH and other publics

II. CONSTRAINTS/ISSUES

The main conceivable constraint/issue for the HMIS Advisor is the implementation of the Local Government Code (LGC). The full implementation of the LGC in 1992 means several things particularly to FHSIS:

1. FHSIS is a system that depends on (a) the goodwill of the data sources (the midwives) to submit data upwards to the provinces, and on (b) the willingness of the latter to receive, encode and process the data, and then produce and disseminate the output tables. With the implementation of the LGC, this can no longer be assured. The local officials (LGO) can choose not to gather data.
2. FHSIS was primarily designed to focus on health program information requirements. Because there is a shift now to the geographic and the political, there is going to be a great demand to reconstruct FHSIS to be responsive. Presently DOH may not be in a position to fast-track the reconstruction due to lack of resources.
3. The hardware that were earmarked for the system have been transferred to local government units (LGU). What can motivate LGUs to use them for FHSIS?
4. Because of the changes, new information requirements will emerge for which FHSIS may not be the only source. There is going to be a tremendous demand for new systems which will compete with the LGU's attention (in addition to FHSIS).

In addition, one must note that FHSIS is an information system; this means that for it to be appreciated, it must exist together with the public health programs it supports. Therefore, the public health programs must be promoted first before FHSIS. There is a danger that as the other programs are "sold" to the LGUs, FHSIS may be relegated to the background, if not forgotten.

III. STRATEGY TO OVERCOME CONSTRAINTS

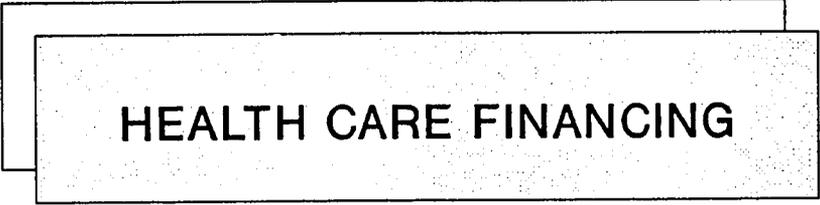
The strategy to solve the problems posed by the LGC must center on the usability of the system by the LGU. This should involve:

1. Simplifying the output tables to make them more usable and easy to understand
2. Producing the 1991 regional and national data on these simplified output tables and sell these information to provincial LGO to make them realize that it is important for each of their provinces to participate in a much wider information system (than their province's)
3. Expanding FHSIS so that it can incorporate other technologies developed within the DOH such as the GIS which can be more palatable to LGO because of its graphics features; pilot test in a province (say, Cebu where GIS is being piloted) and use that province as a showcase of the system to other provinces
4. Including FHSIS in the briefing kits for public health programs
5. Setting up a network of computer operators among provinces and regions so as to facilitate the processing of data and maintenance of computers

IV. PLANS

The plans of the HMIS Advisor for the succeeding year shall therefore concentrate on these strategies.

- Continue to assist HIS in its efforts to simplify the output tables and validate these with the program managers, and if possible, with the LGO
- Provide the necessary technical and resource inputs to HIS in its efforts to produce the 1991 reports
- Initiate the integration in Cebu of the FHSIS and GIS to produce an upgraded system that will be friendlier to LGO; fast track its development and demonstrate its usability to other provinces
- Prepare briefing kits for FHSIS and incorporate them in program promotion activities
- Initiate the creation of an informal network of computer operators in the provinces and regions so that it can become a support system for FHSIS in the field.



HEALTH CARE FINANCING

INTRODUCTION

The role of the HCF Advisor is to help the Department of Health (DOH) define, test, and implement policies to improve the long term sustainability of the Child Survival Program (CSP) by :

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

Over the past sixteen months, the Advisor has largely been involved in (1) benchmark work and (2) institutionalization of the HCF function.

The Advisor took the opportunity of using the benchmark work to raise the awareness level of HCF and create a constituency for it among DOH officials and staff not only through the specific projects but also through three workshops that built on the benchmark work.

Institutionalization work got off to a slow start because of the lack of a counterpart. To mount the benchmark work, the Advisor had to develop contacts in different services and programs as well as in Philippine Medical Care Commission (PMCC). In the past six months, however, with the appointment of Director Melahi Pons of the Management Advisory Service as counterpart and the heightened groundwork for the Health Finance Development Project (HFDP), institutionalization work has accelerated. The Advisor is now just one of the many resources supporting this effort.

I. ACCOMPLISHMENTS

1. Benchmarks

The Advisor assisted in benchmark work for October 1990 and 1991. For October 1990, most of the work involved documentation of the HCF benchmarks. For October 1991, the work was more substantial. Within the technical assistance team, she supervised the process of tracking, completing, documenting, and packaging for presentation to USAID all the benchmarks.

The eight 1991 HCF benchmarks were a special concern. For these, she was responsible for the monitoring, documentation, coordination, and quality review. She saw to it that they were on schedule and would meet the deadline. When additional work was needed on the Local/National Shares benchmark to meet post-benchmark presentation requirements of USAID, she coordinated the effort. Attachment 1 presents the cover sheets of the 1991 HCF benchmarks.

She also took the opportunity of using the benchmark work as a way of raising the awareness level of HCF and creating a constituency for it among DOH officials and staff. She organized and mounted three workshops on health care financing: the first in March 1991 to introduce the HCF benchmarks, the second in July 1991 to present and validate preliminary findings, and the third in September 1991 to draw policy implications from the benchmark work. The workshops were attended by DOH undersecretaries, assistant secretaries, program and service chiefs, hospital administrators, and field officials. Attachment 2 presents the documentation of these workshops.

2. Management Advisory Service (MAS)/Health Policy Development Staff (HPDS)

The Advisor assisted the MAS prepare for the creation of the HPDS, the first step in the institutionalization of HCF in the Department. She also actively participated in meetings and workshops that laid the groundwork for the upcoming Health Finance Development Project.

3. Mid-Term Review

The Advisor actively participated in the conduct of the Mid-Term Review. This participation included attendance at meetings, interviews, and a review of the Kabalikat report.

4. Workshops

- o The Advisor ran a series of one-day workshops for Community Health Service (CHS) to help it clarify its role in public-private sector collaboration: the first attended by CHS; the second by CHS and program managers; and the third by CHS, program managers, and selected private sector representatives.

- o She ran a two-day workshop at Tagaytay for Office of Hospitals and Facilities Service (OHFS) on Planning Process and Data Requirements for Area-Based Plans for Hospitals.
- o She served as moderator for the one-day Family Planning Program symposium on "Family Planning towards Improved Mother, Child and Family Health."

II. CONSTRAINTS/ISSUES AND STRATEGIES TO OVERCOME THEM

1. Counterpart Identification

At the start, the health care financing area had no clear counterpart in the DOH and thus lacked a base. There was also some confusion about the main DOH account officer : Undersecretary Mario Taguiwalo or Undersecretary Rhais Gamboa since they initially played joint roles with respect to HCF in the DOH.

Undersecretary Gamboa's departure in March 1991 left Undersecretary Taguiwalo as the main DOH account officer. In late July 1991, a DOH counterpart was finally identified: Director Melahi Pons of the Management Advisory Service. By that time, the Advisor, through the benchmark study work, had also succeeded in developing contacts/"champions" for HCF in the different services and programs as well as in PMCC.

2. CSP Technical Assistance Team (TAT) Dynamics

When the project began, the team experienced major constraints because of weaknesses in internal management and group dynamics. The team did not know how to work effectively as a team: how to draw on and enhance each other's strengths and support each other's weaknesses.

In time and after many meetings, the team learned how to address and overcome these constraints. These meetings were held by the team by itself and with the participation of Peter Huff-Rousselle, Charlie Stover, DOH, USAID, and DOH and USAID. At least two teambuilding workshops were held. At this point, the team has redefined the individual and team roles for better internal management as well as group dynamics. It also has a clearer view of its team mission and strategy.

3. Changing of the Guards

By mid-1991, it became quite clear that there would be changes in the DOH leadership that would directly impact on CSP and the relationships that had been developed by the team with their DOH partners and counterparts.

The only step taken with respect to these anticipated changes is to assess who will be occupying the vacated positions and find out how to begin nurturing

relationships with these officials. At the same time, additional "champions" for child survival are being identified among career officials who will remain beyond the changes.

4. Local Government Code

All the CSP activities and plans had been premised on the present DOH organization. The devolution of health functions to the local government units, as proposed by the local government code, requires a new mindset and strategy.

The TAT recognizes the importance of winning over local government units to the cause of child survival. It intends to embark on a campaign, as a total team, for this purpose once the implementing guidelines for the code are released.

III. PLANNED ACTIVITIES (January - June 1992)

1. 1992 Benchmark

The Advisor will set up a plan to complete the 1992 HCF benchmark within this period. This plan will be carried out by the Philippine Medical Care Commission and the necessary technical assistance.

2. Pilot Study

Using results of the 1991 HCF benchmark studies as a basis and in coordination with the Office of Hospital and Facilities Service (OFHS), the Advisor will design a pilot study to set up and monitor a costing methodology in selected DOH hospitals. She will then oversee its conduct and see to it that its findings are properly disseminated.

- 3. MAS/HPDS

The Advisor will continue to assist MAS/HPDS in its work of preparing for the upcoming Health Finance Development Project and of institutionalizing health care financing in the DOH.

4. Costing Workshops

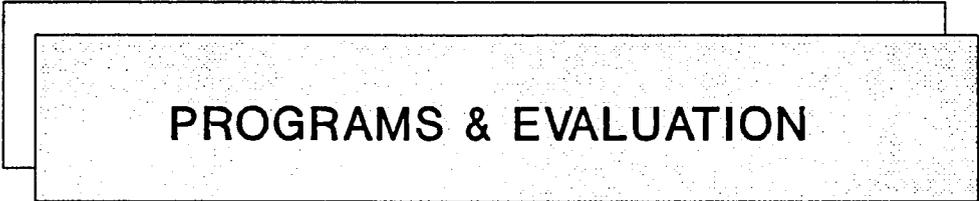
In response to the recommendation of the MidTerm Evaluation to include the costing methodology as an input to the planning process on the central as well as local government unit level, the Advisor will design a plan to do so, harness resources to carry it out, and supervise the implementation.

5. Coordination of CSP Dissemination Plan

The Advisor will continue in her role as liaison person for the technical assistance for the CSP dissemination plan.

6. Local Government Code

Together with the other members of the team, the Advisor will help design and carry out a strategy to ensure that child survival becomes high priority in the agendas of local government units.



PROGRAMS & EVALUATION

INTRODUCTION

This year the major focus of the advisor's work has been:

- o improving supervision and monitoring at the BHS and RHU level as a means to increase coverage and quality of care
- o helping to ensure that micronutrient supplementation, particularly Vitamin A, is integrated into existing health programs
- o increasing managers' use of quantitative data for making decisions
- o helping to institutionalize population-based surveys as a means of supplementing data coming from the FHSIS
- o since September working closely with MCHS on achievement of the CSP service delivery targets, and other felt needs

Overall, substantial progress has been made in these areas of focus. The Integrated Supervisory Checklist (ISC) is currently being evaluated and if it has been successful will be implemented nationwide in 1992. Vitamin A will be given universally with measles vaccine beginning in 1992 and more services are starting to carry out household surveys.

Data utilization training has gone ahead and many managers have been trained. Unfortunately, this is an effort which will require substantial resources and its impact will only be felt in the long term. Before wide-spread implementation the pilot test in Region V will have to be evaluated fully.

The advisor's work with MCHS has been very rewarding and a close relationship with the managers has been established. Having a clear institutional base has helped make the advisor more productive. The only difficulty is the problem of having too many demands. The advisor will try to concentrate on the following in 1992:

- o The Integrated Supervisory Checklist and other tools for monitoring and supervision
- o Helping MCHS meet the 1993 service delivery targets
- o Helping to meet the felt needs of OPHS (to be coordinated with the Chief of Party/Plans and Programs Advisor)

I. ACCOMPLISHMENTS

o 9 Service Delivery Targets

- Assisted the programs in defining, clarifying and agreeing on the measurement of the nine end-of-program service delivery indicators
- Facilitated the conduct of the Nationwide Survey on the MCHS Baseline Indicators, including the pilot-testing of the questionnaires to be used; prepared dummy tables to allow rapid analysis of the survey results; a preliminary analysis of data related to the service delivery targets were completed end-October, and more in-depth analysis has begun.
- Assisted the Midterm Review Team:
 - Produce a report for the MRT based on the results of the Nationwide Baseline Survey and the HIS data for 1st and 2nd quarters 1991 from the field that were relevant to CSP; the report established current values for the service delivery indicators and compared priority and non-priority provinces
 - Obtain additional information from various sources for use by the MRT, which included collating data from an HIS health facility survey

o Development of an Integrated Supervisory System

- Together with HIS, developed an integrated supervisory checklist that was successfully pilot-tested in Cavite
- Met with programs and agreed on modifications to items for inclusion in the checklist - the final checklist was approved by OPHS
- HIS staff were trained on how to carry out an evaluation of health facilities which will serve as a baseline for measuring the effectiveness of the checklist; the baseline health facility evaluation was completed in June, the results were analysed and communicated to the program managers for discussion in national consultative workshops
- Training of supervisors, including PHNs and MHOs was conducted in 4 pilot provinces, followed by field implementation in these provinces as scheduled
- Visited provinces to monitor progress of implementation of checklist

- Coordinated preparatory activities and developed questionnaires needed for the evaluation of the Integrated Supervisory Checklist scheduled for January
- Arranged for focus group discussions to be held with midwives and their supervisors so as to get a wider perspective on the Integrated Supervisory Checklist.

o Data Utilization

- Trained the staff from Central Office (IPS, HIS) as well as high-level regional and provincial staff from the 27 CSP priority provinces on using and understanding FHSIS data to take full advantage of FHSIS to plan and monitor performance
- Developed problem sets for data utilization training that can be used with any FHSIS output table
- Assisted HIS in planning and carrying out the pilot training in data utilization of all DOH staff down to MHO level in Region V

o Comprehensive Nutrition Plan

- Together with the Plans and Programs Advisor, assisted NS and NCP in the refinement of the draft CNP to make it more practical and implementable
- Helped coordinate requests to donors for funding of micronutrient supplementation

o Others

- *Support to OPHS*
 - Met and discussed with OPHS staff the TA requests made by Dr. Roxas; discussed with Dr. Roxas the progress of these requests
 - Assisted OPHS to respond to a request from DBM regarding devolvement of funds for public health activities
 - At the request of Dr. Roxas, began the development of an integrated monitoring checklist meant for the use of national and regional staff when they visit provincial health offices; met with Dental, NS and FPS and sent them for their review the drafts of items to include on checklist

- *Identification of Technical Assistance Needs*
 - Met with program managers to help them identify and clarify their TA needs; this work culminated in a workshop on August 28 where these needs were discussed, decided upon, and later became the basis for the revised workplans of the Technical Assistance Team

- *FHSIS Output Tables*
 - Assisted the HIS in providing semi-annual FHSIS output tables to OPHS after receiving a specific request from Undersecretary Roxas

- *Support for MCHS*
 - EPI
 - * Participated in the EPI Comprehensive Program Review last February 1991, and in the subsequent EPI national consultative meeting in Lucena City and meetings of the National Immunization Committee; commented on the final draft of the CPR report; a computer-based program was conceived to help MCHS keep track of the status of each recommendation
 - * Sat on the vaccine logistics committee as well as on an inter-agency committee that tried to secure long-term funding for polio eradication and other EPI activities
 - * Represented AID at the Technical Advisory Group meeting on Polio Eradication in WPRO.

 - , CDD
 - * Developed a series of questions that can be used during EPI cluster surveys to judge ORT use rate at provincial level
 - * Helped to redesign a diarrhea TCL that is meant to improve the quality of case management by midwives by having them record all the major signs of dehydration.
 - * Initiated planning for an evaluation of the impact of the CDD program on mortality.

-- CARI

- * Helped to develop a logbook (TCL) for use by midwives and nurses in recording cases of ARI. The attempt is to standardize recording and systematize diagnosis.

-- Maternal Health

- * Developed an action plan to evaluate the effectiveness of hilot training at the request of Dr. Dayrit and began implementation of the plan.
- * Attended the National Consultative workshop as a resource person on supervision.
- * Helped Maternal Health staff analyse where their efforts could be focused

-- Integration

- * Examined the cost of different strategies and targets for micronutrient supplementation being proposed by MCHS and Nutrition Service.
- * Designed EPI cluster survey so that it could provide information on CDD, MCH, EPI, and Nutrition.

Work with FPS

- Advocated and encouraged FPS to develop and implement cluster surveys to get accurate results on the contraceptive prevalence rate (CPR)
- Advised Dr. Quintong on a proposal to verify the accuracy of claims being made for VSC payments.

Cebu Tier 3 Evaluation Study

- At the request of USAID, examined existing reports of the study and made suggestions about what were the most important analyses that needed to be done on the data

Vitamin A

- Conducted a cost-effective analysis comparing 3 different approaches to the distribution of Vitamin A capsules, and submitted the analysis to NS for discussion/ decision

- Helped spearhead efforts to integrate Vitamin A and other micronutrients (particularly Iron) into existing programs
- *Cancer Control Program*
 - At the request of the Director for Non-Communicable Disease Service, met with the Non-Com Director and staff to discuss ways of measuring the success of the Cancer Control Program

II. CONSTRAINTS/ ISSUES

o Data Utilization Training

- There is a need to measure the impact of the training on manager's ability to make better decisions. There is a feeling among HIS staff that, while this effort may be important in the long run, it does not have enough immediate pay-off to warrant the level of effort that is required to implement training on a nation-wide basis.

o Overstretched Technical Resources

- The scope of work demanded of the resident advisor involves doing too many different activities. The result is that some things get less attention than they deserve.

III. STRATEGIES TO OVERCOME CONSTRAINTS

o Data Utilization Training

- Focus group discussions will be held with participants from the courses in Region V to get their opinion of the course. A follow-up questionnaire will also be administered and the results will be used to decide whether to expand to all the other regions

o Overstretched Technical Resources

- First priority for the advisor's time will be given to efforts directly related to achieving the service delivery targets, improving supervision and monitoring, and meeting felt needs of OPHS.

IV. PLANS

- o Integrated Supervisory System
 - The evaluation of the pilot implementation of the Integrated Supervisory Checklist will be completed by early February 1992. If the results are positive there will be substantial amounts of work to implement it nation-wide.
- o Nationwide Survey on MCHS Baseline Indicators
 - More in-depth analysis of survey results will be required and will be fed back to program managers.
- o Achievement of Service Delivery Targets
 - Considerable amount of time will have to go into working with MCHS managers to help ensure that progress is made towards the targets.

IEC/SOCIAL MARKETING

INTRODUCTION

The mission of the CSP IEC/Social Marketing (CSP IEC/SM) Resident Advisor, in the context of the Child Survival Program's objectives of reduced infant and child morbidity and mortality, is to ensure that at the end of this project, the DOH would have created a continuously increasing demand for child survival services among its publics who would have internalized such a demand. For this period, the Resident Advisor (RA) Jose Rafael S. Hernandez has:

- o developed within the Public Information and Health Education Service (PIHES) and among the child survival program managers the capability to plan and execute communication strategies including their research and evaluation components
- o trained DOH "communication managers" in the planning and execution of focused social marketing campaigns for specific publics
- o 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
- o launched, completed and evaluated the CDD national campaign, EPI/Measles sustaining national campaigns, KAPs on polio, TT and breastfeeding; completed and tested the initial set of the Integrated IEC Kit for Midwives.

For its part, the DOH has recognized the importance of IEC/Social Marketing and has established and institutionalized the PIHES and, in partnership with USAID, has initiated the Philippine Communications for Child Survival or HEALTHCOM in 1988. The primary purpose of Healthcom was to increase health practitioner's understanding of how best to use modern communication, social marketing, and behavior analysis to improve existing child care practices, and thereby reduce infant mortality. The CSP IEC/SM Component continues from where the Healthcom Project left off. the CSP IEC/SM Resident Advisor was also the Resident Advisor of the successful Healthcom Project.

I. ACCOMPLISHMENTS

This is a report that starts from the end of the Healthcom project until December 1991. The main thrust of this period was the operationalization of the IEC Implementation Plan which was formulated and approved for implementation in December 1990. Within the scope of that Implementation Plan, two major communication campaigns were successfully launched in 1991: the National Year II of EPI's Communication Campaign and the National Year I of CDD Communication Campaign. Moreover, 4 regional workshops spread over 5 months involving midwives and health educators from all over the country were conducted in line with the development of the Integrated IEC Kit for Inter Personal Communications (IPC). Privatization has also become evident in that advertising agencies and research companies were contracted for EPI and CDD, and significantly, for other DOH programs, marking the beginning of institutionalization. In the area of training, several specific skills development workshops in research, newswriting and monitoring were conducted.

A. Two Major Communication Campaigns

1. *National Year II launching of EPI's Communication Campaign*

During the planning workshops held early in the year and participated in by the EPI program people from MCHS and key PIHES staff, it was decided that the EPI momentum must be sustained with a follow-on campaign on measles. It was also decided to postpone the Polio/TT campaign to 1992 but proceed with the Polio/TT baseline research in 1991. The research contract for Polio and TT was awarded to TRENDS in July after a thorough research agency selection process. The contract was approved and issued in September.

At COA's insistence supported by DOH Internal Audit, the ad agency selection process went through a public bidding process replacing the earlier approved Source Selection Process implemented by HEALTHCOM. The open bid process was very tedious and took a long time. The bidding process was completed in June 1991. Image Dimension was selected. It was only at this time when contracting began. The PIHES Division Chief in-charge, together with the IEC/SM RA and the MCH staff concerned met with Image Dimension to establish specific directions for creative development and media planning even as contracting was simultaneously being processed. Initial creative materials were developed, presented, reviewed and revised. Several concepts and executional versions of the creative materials went back and forth through this process. Media planning and negotiations went on as planned. The celebrity personality endorser was changed from Ms. Rosa Rosal to the equally credible and amiable Ms. Helen Vela. A new thematic story was developed but Dr. Alfredo R. A. Bengzon, the Secretary of Health, was retained as authority figure. The ad agency contract was finally signed in mid-September. By early November, EPI's National Year II campaign was launched. Prior to the launch, the IEC/SM RA attended to several other requirements: supervised the finalization of new creative materials; reviewed the faithfulness of the 5 dialect translations to the original Tagalog creative materials; developed in collaboration with the ad agency the national media plan for DOH

approval and networks negotiation; developed and produced in coordination with the ad agency the video materials for use by PHO's/ Health Educators for their echo sales conferences nationwide.

2. *National Year I launching of CDD Communication Campaign*

For CDD, the program people together with representatives from WHO, PIHES and the IEC/SM RA agreed to collapse Module A (Dehydration) and Module B (Product Sale: "Am" and Oresol) into one continuing campaign to run for six months straight and evaluated accordingly. Adjusting to the demands of the times, the original plan to air the campaign from May to October 1991 had to be modified for various reasons as discussed in the succeeding paragraphs.

Module A ("Kasabwat") which introduced to mothers the concept of dehydration was finally aired in November-December 1991 with approval from the DOH Exe-Com. As in the pilot areas, Module A served as the gateway for the actual behavior mothers should adapt, i.e., use ORT in diarrhea management. To pursue this objective, Module B positioned "Am" for prevention of dehydration while Oresol was positioned as treatment. However, Module B had to wait for the first quarter of 1992 to get aired because of administrative difficulties.

Although directional plans were agreed with the program and the others involved, e.g., National CDD Committee, WHO, etc., as early as the first trimester of 1991, many unexpected events derailed the as-planned implementation timing. Collective agreements on the specific KAP methodology and questionnaire did not materialize on schedule. The contracting of the ad agency (Well Advertising) got delayed due to unavoidable events such as the appointment of a new procurement officer who felt strongly that print production was a DOH function, and therefore should be stricken out of the ad agency's scope of work. After much back and forth discussion, the PIHES Director gave in. (Editorially, the IEC/SM RA believed the PIHES Director only gave in because of exasperation and desire to get the project moving. What is most surprising in this case is that the ad agency for EPI/ Measles, Image Dimension, had exactly the same SOW but was allowed to pass.)

The procurement officer's decision had two major implications contributing to major delays: (1) The ad agency contract had to be revised and re-routed back to square one. Valuable time was lost. The printing of the point-of-service (POS) materials were delayed even longer. (2) The DOH had to go on open bid which in fact had to happen twice. The first bidding assumed that paper for printing use was available at the DOH. As awards after the first bid were being made, it was discovered that there was not enough paper for the CDD requirements. Hence, a second bidding became necessary, this time to cover both labor cost and materials. Winning bids were finally selected only during the last quarter of 1991 but time ran out on the contracting process and funds had to be returned to DBM as a matter of policy. The printing of POS materials was now spilled over to January 1992. Meanwhile, the national radio/ television advertising had to start limping without POS support.

Also, the IEC/SM RA attended to several requirements preparatory to the launch, i.e., supervised the production of "Kasabwat" radio commercial into 5 major dialects; supervised the production of revised "Kasabwat" TV Commercial (TVC) to incorporate the product sell for "Am"; developed the national media plan for DOH approval and network negotiations; developed and produced in cooperation with the ad agency the video materials for use by PHO's/ Health Educators for echo sales conferences nationwide; supervised the bidding and selection of printing houses and their quality output.

B. Sales Conference AVPs

To ensure consistency of messages from one echo sales conference to another, province to province, Audio Visual Presentations (AVPs) were produced for both EPI and CDD which captured the points discussed during the master sales conferences. The AVPs also gave background information on the campaign materials and EPI program status. Video copies were made for 13 Regional PIO's and program coordinators which were most appreciated.

C. Midwives' Integrated IEC Kit

Another major aspect of this Implementation Plan is the Midwives' Integrated IEC Kit. A total of four area consultative workshops with midwives were conducted, one each for Luzon, Visayas, Mindanao and the Cordillera Autonomous Region (CAR). From the workshop, it was evident that the CAR had its own particular and specific health issues, ergo its own IEC requirements. This activity started too late due to delays in release of funds but as soon as money became available, preparations went full speed ahead so that over five months all four regional workshops were completed.

D. National Media Plan

Even while media plans were being drawn up for EPI and CDD programs, the IEC/SM RA spearheaded negotiations with the various TV and radio stations. On TV, even with a lower budget, DOH was able to secure "nego-rates" (negotiated rates) like the biggest advertisers in the country (e.g., San Miguel Corp., Procter and Gamble, Colgate-Palmolive). Moreover, the TV stations agreed to put in their share of public service by way of bonuses. Channel 13, in particular, gave DOH a bonus of 50% while Channels 2, 7 and 9 each gave a bonus of 25%. As an added feature, these channels also agreed to air the bonus spots within available **primetime**, and chosen according to **DOH schedule**. This is unprecedented since bonuses in the interest of public service that these channels used to give were on the basis of "**run-of-the-station (ROS)**", i.e., aired only whenever convenient which more often than not fall on dead hours when there is low viewership --very early in the morning or very late at night.

E. Other Programs

1. *Breastfeeding*

Over the second semester of 1991, research proposals from various companies including the University of the Philippines were reviewed and evaluated by the program (MCHS),PIHES and the IEC/SM RA. Qualified agencies will be visited in January 1992.

2. *Tuberculosis*

J. Romero & Associates (JRA) was chosen as the ad agency for TB. Similar to Well Advertising, the creative strategy and development of prototype materials were initiated by JRA even while its contract was still being processed. After several meetings with PIHES, Tuberculosis Service (TBS) and field people, regions 5, 8 and 10 were chosen as Test Market Areas (TMAs). Formative research (Focus Group Discussions or FGDs) was conducted. Thereafter, JRA developed creative materials which were produced for pre-testing upon approval by the DOH Chief of Staff and the Undersecretary for Public Health Service. The creative materials that were developed by JRA were 4 TVC/ cinema, 4 radio scripts, 4 posters/ print ads, one comics. HLV, subcontractor for film production, completed the materials in time for the pre-testing. Results of the pre-test were reviewed by PIHES, TBS, the IEC/SM RA and JRA. This led to the agreement to produce final versions by December for regular airing in first quarter of 1992 in the TMAs. Meanwhile, baseline KAP(Knowledge, Attitudes and Practices) was conducted in the 3 TMAs in November-December 1991. The foregoing were covered by a contract backed by the financial support of the Italian Government. The processing of the second ad agency contract which mainly covers media costs using PHDP funds, got stymied in December because the one in charge went on vacation leave.

3. *Malaria and Schistosomiasis*

Malaria Service (MS) and PIHES made an attempt to come up with its own IEC materials which did not pass the critical eye of the DOH Undersecretary/ Chief of Staff Mario Taguiwalo. In turn, the IEC/SM RA was requested to be involved, hence the Malaria program went through Healthcom's "5-step process" for communication development. Golden Grove, Inc. was selected as the ad agency from among 5 bidders and TRENDS was chosen to do the baseline research work.

Like the MS, Schistosomiasis Control Service (SCS) designed its own IEC materials and proceeded to print and distribute these self-designed posters and leaflets. As in the case of MS, the IEC/SM RA also got involved. SCS awarded its research contract to TRENDS. The ad agency contract for Schisto was awarded to J. Romero & Associates.

F. Diffusion/ Institutional Collaboration

1. Healthcom Diffusion

Upon request of the DOH Chief of Staff, Dr. Robert Hornik of the Annenberg School of Communications, University of Pennsylvania visited the country and presented before an audience composed of representatives from the DOH and various international collaborating institutions, e.g., WHO, USAID, CIDA, HKI, their evaluation of the National EPI Campaign. The net conclusion was that the campaign contributed significantly to the success of the EPI program. (A separate report was released.)

2. Social Marketing Promotion

Upon the invitation of the WHO Regional Director, the IEC/SM RA participated in the annual regional meeting of the WHO Country Representatives. He was the main resource person for Social Marketing, a topic which took a whole half day of the scheduled three-day meeting.

2. Institutional Collaboration

The IEC/SM RA and the PIHES Division Chief in-charge of CSP programs participated in the XIV World Conference on Health Education in Helsinki last June 14-21, 1991. In line with their approved abstracts, the PIHES representative, Dr. Ma. Luz Casimiro presented the EPI Campaign while the IEC RA presented the CDD Communication Campaign strategy and execution. Many countries (mostly from Africa and South America) expressed interest in the Philippines' EPI and CDD activities. An information exchange system was agreed among similarly situated countries.

G. Other Accomplishments

1. Institutionalizing Health IEC on the Airwaves

The IEC/SM RA, with clearance from the PIHES Director, floated the idea of including health news in TV stations' regular news programming. After a series of dialogues with TV people, the IECA got Channel 13 to re-format its "Headline Trese" afternoon news to include a 5-10 minute DOH daily report on a particular health issue or subject. The then Secretary of Health Bengzon approved the concept, thus negotiations with Channel 13 will be included in the DOH priority list for 1992. Afterwards, the IEC/SM RA floated the same idea to the radio stations about a parallel DOH program. Manila Broadcasting Company (MBC) responded positively with a proposal. MBC virtually covers the country with 24 stations in 17 originating radio areas. DZRH is the leading AM radio station of MBC in NCR.

2. Upgrading of PIHES Systems, Staff and Capabilities

a) Monitoring System for IEC in the field

In order to develop a more appropriate Monitoring System for IEC activities in the field, the IEC/SM RA secured the help of the CSP Health and Management Information Systems RA. The result was an agreement to look into the possibility of including IEC in the FHSIS reporting system. Senior Health Educator Letty Espinosa, the PIHES person-in-charge of this project is now collaborating closely with the HMIS RA in developing the system.

b) Health Education Promotion Officer (HEPO) Needs Assessment Study

This study was awarded to the UP College of Public Health. The IEC/SM RA was involved in the review of the methodology and questionnaire together with the PIHES Director, and the PIHES Plans and Programs Division Chief. This study was fielded in 1991. Findings will be released early in 1992.

c) 12th National Advertising Congress

The IEC/SM RA accompanied three PIHES communication managers to the 12th National Advertising Congress in Bacolod City. This Ad Congress is held once every two years where the latest trends in advertising communications and media are exposed and discussed. The high point of the Congress on its last night was the awards ceremonies where the best advertising over two years were cited and shown.

d) Formative Research Workshop

Dr. Robert Hornik, with the assistance of the IEC/SM RA, the research firms TRENDS, Frank Small and Associates, Kabalikat, and DOH's PIHES, developed a workshop on Formative Research. It was conducted with the participation of communication managers from the PIHES and the public health programs of MCH, Nutrition, Family Planning, TB, Malaria, Schistosomiasis, etc. This workshop was instrumental in generating among the DOH Service Directors a growing awareness of and appreciation for the real value and role of IEC/ Social Marketing in their respective program strategies.

e) News Writing and Media Relations Training Courses

The IEC/SM RA acted as resource person in these training courses that were held at the Imus Sports Centre and Iloilo City for Public Information Officers (PIOs) from Luzon and the rest of the country respectively.

3. Milk Code Review

The IEC/SM RA participated in the review and re-formulation of the Milk Code upon invitation of the DOH Undersecretary for Public Health Services. Interviews were conducted among milk company officials, NGOs and consumers. A revised Milk Code resulted from this review.

4. CSP Midterm Review

Towards the end of the third quarter, the CSP Mid-Term Evaluation was conducted by an independent group. The IEC RA, together with the rest of CSP TAT, were deeply involved in this process leading towards the achievement of the performance benchmarks.

II. ISSUES/ CONSTRAINTS AND SOLUTIONS TO THE CONSTRAINTS

A. EPI and CDD Communication Campaigns

1. Methodology, Timing, Questionnaire and Campaign Break

- Questions were raised regarding the CDD National KAP methodology, questionnaire and timing. These were taken up and resolved in a meeting involving Dr. Hornik, the IEC/SM RA, MCHS, PIHES, WHO, PRITECH, the ad agency concerned (Well Ad), and the research agency concerned (Frank Small).

2. Diarrhea season

As the advertising break was being delayed because of various issues, the issue of missing the diarrhea season became evident. Therefore, the IEC/SM RA together with the CSP TAT researched on this "diarrhea season". It was found out that even the 1988 National Health Statistics belie its existence, i.e., the 1988 NHS Report clearly indicates that diarrhea is year-round. This was backed up by the San Lazaro Hospital records. Presented with these findings, the MCHS agreed that the campaign may be launched at any time of the year.

3. *Print production by Ad Agency vs. BPS*

An issue was raised by the Finance Service about allowing the contracted ad agency for CDD to do the production of print materials when DOH has its own printing facilities at BPS. This was inconsistent with the fact that the EPI ad agency contract and all the other previous ad agency contracts of DOH carried the same provision and all of these contracts were approved. The solution to the CDD ad agency contract "printing" issue was to draft a new contract that no longer carries this provision, and had it signed all over again.

4. *Supply of Paper for Printing/ Insufficient Funds*

After printing contracts were awarded to various printers with the premise that DOH will supply the paper, it was later found out that there was not enough supply of paper to cover the various printing requirements of DOH. The bids therefore had to be re-processed, thus causing another delay in the CDD Communication Campaign timetable.

Also due to lack of paper from DOH, the EPI ad agency (Image Dimension) had to re-bid. There was thus a delay in the production and field distribution of these materials. Printing of the calendars was completed only in December, but distribution has not started yet because funds have not been released.

5. *The Human Factor in the Contracting Process*

Last December 1990, the amount of P600,000 was committed to Well Ad to buy media placements for CDD's test market using PHDP funds. Well bought the spots on credit with the understanding that upon media's billing, they will be paid directly by USAID c/o PHCFP. As the Christmas holidays came, people went on vacation and unfortunately, DOH was unable to process the contract to meet the December 31 deadline. New money had to be sourced (CSP funds) and a new contract had to be drawn up, thus extending the entire contracting process timetable.

B. Integrated IEC Kit

Another delay caused by delayed release of funds was in the conduct of consultative workshops with midwives on the Integrated IEC Kit. Instead of being held in the 2nd and 3rd quarters of 1991, the workshops were held only at the last quarter of the year. However, considering the big number of participants involved per workshop, the logistical problems associated with accomodating all these people, getting them all together in one place, tracking down the sub-allotment of funds to the regions, the conduct of four workshops of this magnitude over five months is an extraordinary feat.

C. 1991 KBP Suspension of DOH

First in February and then in March 1991, the Kapisanan ng mga Brodkasters ng Pilipinas (KBP) verbally informed the IEC/SM RA that the KBP Board passed a resolution to suspend DOH immediately because of non-payment of long-overdue media bills. The resolution was passed after DOH had been given a one-month grace period to settle its accountabilities. At the IEC/SM RA's intercession, a reprieve was granted by the KBP for 3 weeks in April, and after an assurance from the IEC/SM RA that he will keep working for the quick release of funds, the KBP Chairman agreed to quietly freeze the order.

III. WHAT LIES AHEAD/ PLANS

A. 1992 "Behaviour Change" Benchmark (II.B.3)

- Together with PIHES and the rest of the CSP TAT, assist Programs in drawing up long-term program strategies and draw up action plans to implement these strategies particularly on the communications component
- Together with the rest of the CSP TAT, monitor closely the progress of the programs on these action plans particularly the 1992 plans, and ensure completion of benchmark on schedule

B. National Year II EPI Communication Campaign

- Presentation by Trends to DOH of the results of EPI's pre-campaign KAP
- Review existing campaign plans based on results of KAP

C. National Year I CDD Communication Campaign

- Presentation by Frank Small & Associates to DOH of the results of CDD's pre-campaign KAP
- Formulate CDD Campaign Phase II, i.e., CDD's modified campaign plan
- Contract Well Ad for 1992

D. Others

1. *Other Programs*

- Monitor closely and help in the contracting of ad agencies, completion and awarding on schedule of contracts for Tuberculosis, Malaria, Schistosomiasis, Blood and Excreta Disposal (EHS)

2. *Health News on the Air*

- Monitor closely and assist in supervision of work on Channel 13's Health News Report and Feedback, and follow up on MBC's Proposal
- Monitor closely and assist in supervision of DOH work on "Bahay Kalinga", a Channel 2 program run by an NGO

3. *Integrated IEC Kit for Midwives*

- Monitor closely and ensure completion of work on the Kit, proposed to be renamed as **Midwives' Omnibus Detailing Aid (MODA)**

4. *TA Needs of Public Health Programs*

- Continue to meet with the programs to identify which specific behavior change to promote, in order to determine what communication intervention can be used. In this context, review their original requests as follows: Nutrition's "Marketing Scheme", CARI's "Rapid Breathing Demo" and Maternal Care's Prenatal Care Invitation/ Face-to-Face Instructions

5. *Contracting Process Documentation*

- Document screening procedure for private sector contracting, i.e., selection of ad agencies and research companies to include clearance by DOH Legal and Internal Audit.

6. *Social Marketing Communications Plan for EPI Polio Eradication/ TT*

- Assist the EPI Program and PIHES in preparing the Plan and formally recommending it to the DOH Execom for approval.

7. *Distribution of IEC Materials*

a) CDD IEC Materials

- Complete printing of comics and pamphlets by April 1992 for immediate distribution
- Start distributing to all regions by end-April '92

b) EPI IEC Materials

- Work on release of CSP funds by end-March 1992
- Start distributing 1992 calendars and comics to designated distribution points by mid-April 1992.

**TAT Response
to the
Challenges of 1992**

TAT RESPONSE TO THE CHALLENGES OF 1992

Assisting the DOH achieve its main Child Survival objectives in 1992 will constitute the main challenge for the Technical Assistance Team (TAT) in the year ahead. The main issues are likely to include the following:

1. Achieving and documenting the 1992 CSP Performance Benchmarks;
2. Assisting the DOH and local government officials in the difficult transition to the Local Government Code;
3. Supporting Child Survival with the new DOH administration beginning July 1992;
4. Strengthening the capacity of DOH counterparts in Health Information Service (HIS), Internal Planning Service (IPS), Public Information & Health Education Service (PIHES), Maternal & Child Health Service (MCHS), Nutrition Service (NS), Management Advisory Service (MAS), and so forth to identify and overcome major constraints to effective Child Survival service delivery;
5. Implementing key recommendations made by the CSP Mid-Term Evaluation team;
6. Achieving significant progress towards reaching the nine (9) service delivery targets set for 1993;
7. Transferring the health financing component of the CSP to the new Health Financing and Development Project.

The TAT is eager to deal with these challenges in 1992. In fact, TAT members are prepared to reconfigure themselves in such a way as to meet the DOH's technical assistance needs in an optimum fashion, given the resources available in MSH's Contract with USAID.

The TAT is determined to remain as flexible as possible, given the rapidly changing environment within the DOH and within the Philippines more generally. This flexibility will be made possible by the continuing strong support given to the TAT by USAID/OPHN, USAID/Contracts, the Project Coordinating Unit (PCU) of DOH and the TAT's many counterparts within the DOH.

ADMINISTRATIVE REPORT

ACCOMPLISHMENTS

SGV & Co. has been contracted by Management Sciences for Health (MSH) for the financial and administrative management of the Child Survival Program (CSP) starting October 1990.

To date, the following are SGV's accomplishments towards the fulfillment of the above contract:

I. MANAGEMENT OF LOCAL RESOURCES

This aspect of SGV's subcontract aims to ensure that the appropriate local resources are harnessed to carry out the requirements of the project.

A. Local Staff

Hiring of the local staff complement was completed in June 1991. To date, the CSP office has the following personnel:

- one technical manager,
- one office manager,
- two project secretaries, and
- three drivers/messengers.

Job description for the above positions, with corresponding compensation and benefit packages are documented in the Child Survival Program Manual, pages 6 to 11 and 19 to 22 (see Annex A).

A Performance Review Report consistent with SGV policy has been developed to provide a common and equitable basis for assessing the performance of the office staff. Performance evaluation, conducted on an annual basis, serves as a tool for determining merit increases.

B. Local Short-term Consultants

For the period October 1990 to December 1991, the following local consultants have been hired by the program:

- Marilyn Gorra

Ms. Gorra was contracted for ten personweeks in connection with the Assessment of the Area Program-based Health Planning Workshop of the Department of Health.

- Beulah F. Taguiwalo

Ms. Taguiwalo was contracted for document editing and development of the publications strategy for the Child Survival Program for 26 personweeks. Consultancy is still on-going.

- Antonio P. Santiago

Mr. Santiago was contracted for five personmonths for the project on the identification of appropriate mechanisms for private sector participation in health planning and implementation. The project was completed in October 1991.

C. Participant Training and Analytical Studies, and Workshops

Locally subcontracted technical services included the supervision of subcontracted research organizations and management consultants for in-service training, feasibility studies, operations research, surveys and other activities in support of the CSP.

- Frank Small & Associates Philippines, Inc.

Frank Small & Associates Philippines, Inc. was hired for five weeks to do an Evaluation of Module B Campaign in the Control of Diarrheal Diseases Communications Pilot Area. The project was completed in February 1991.

- Carmencita T. Abella

Ms. Abella was contracted as facilitator for the CSP Technical Assistance Workshop and the CSP Policy Matrix Indicators Workshop.

- SGV & Co.

SGV & Co. was engaged to conduct the following Health Care Financing Studies (HCF):

- Strengthening the HMO Industry through Regulation
- Development of an Agenda for Public-Private Sector Collaboration
- National and Local Government Shares in Health Care Financing
- A Study on Cost Containment in DOH Hospitals

- A Study on User Fees and Cost Sharing/Recovery in DOH Hospitals
- Uses and Sources of Funds for Child Survival Interventions
- Policy, Regulatory and Political Framework for Health Services Privatization

The above studies were finalized and submitted in October 1991.

SGV & Co. in cooperation with MSH (Mr. Charles C. Stover) submitted an evaluation study of the Medicare-Private Health Insurance Tie-up Project in December 1990.

- Dr. Mariquita J. Mantala

Dr. Mantala has been hired as consultant and liaison between DOH-Projects Coordinating Unit and CSP in connection with the HCF Benchmark Studies. Her work started in March 1991 and is expected to be completed in April 1992.

- Kabalikat ng Pamilyang Pilipino Foundation, Inc.

Kabalikat ng Pamilyang Pilipino Foundation, Inc. (KABALIKAT) was contracted to conduct preparatory work for the extensive data gathering and documentation for the CSP Mid-term Evaluation.

CSP has participated in and/or funded the following workshops:

- CSP Technical Assistance Team Workshop held from January 16 to 17, 1991 at the Development Academy of the Philippines in Tagaytay.
- CSP Policy Matrix Indicators Workshop held from January 23 to 24, 1991 at the Research Institute for Tropical Medicine (RITM) in Alabang.
- Assessment of the Area Program-based Health Planning Workshop. It was held from February 5 to 8, 1991 at RITM, Alabang.
- FHSIS Consultative Workshop on Regional and National Expansion. It was held from March 05 to 07, 1991 at the RITM in Alabang.
- CSP Benchmark Consultative Meeting at DOH on July 09, 1991, at the Population Center Foundation Building in Taguig.
- Formative Research Workshop conducted by Dr. Robert Hornik at DOH on July 11, 1991.

- Presentation of the Case Study Evaluation Report for EPI at the Manila Pavilion on July 12, 1991.
- DOH-CSP Team Building workshop at the Development Academy of the Philippines from August 01 to 02, 1991.
- Joint Meeting of the CSP-Technical Assistance Team and the DOH on the technical assistance requirements of DOH at the Asian Institute of Tourism on August 28, 1991.
- Comprehensive Maternal and Child Health (CMCH) Forum on Overview of the CSP and Updates on the Program Activities from 1990 up to the present time, at DOH on September 26, 1991.
- Internal Planning Service - Second Phase of Core Group Training at the Development Academy of the Philippines from September 30 to October 06, 1991.
- Annual Benchmark Review (1991) at the Philippine Trade Training Center (PTTC) on November 06, 1991.
- Presentation of CSP Mid-Term Evaluation Team's Findings and Recommendations at PTTC on November 08, 1991.
- FHSIS Workshop at the Manila Pavilion on November 15, 1991.
- CMCH Forum on the Comprehensive Nutrition Plan at the National Rehydration Treatment and Training Center on November 29, 1991.

D. Budget Preparation (Long-term)

A detailed local CSP budget for the three-year period, October 1990 to June 1993, has been prepared and submitted to MSH. The said budget is to be revised for accuracy on an annual basis.

On estimating costs for Participant Training and Analytical Research, last 28 August 1991, the DOH-CSP Program Managers with help from the PCU, USAID and the CSP-TAT drew up a comprehensive list of what the program managers believe to be the technical assistance needs of the DOH's units concerned with child survival, and proceeded to work out strategies on how best to meet these technical assistance needs. As concurred to by USAID, the DOH believes it best to cost out, process, and execute TA requests on a "per request" or "case-by-case" basis but following the TA Needs List drawn up last 28 August 1991.

II. FINANCIAL MANAGEMENT OF LOCAL CURRENCY COMPONENT

SGV assistance aims to ensure the orderly management of local funds for the requirements of the project.

A. Local Bank Account

SGV & Co. opened a peso checking account with Far East Bank and Trust Co. A balance of US\$40,000.00 representing one to two months normal requirements is maintained monthly for this account. All cash disbursements are replenished monthly by MSH. Previously, fund replenishment was done via a wire transfer. Starting October 1991, fund disbursements by the program were replenished through a check prepared by Dr. Solter (drawn against the Bank of Boston) payable to the program.

B. Monthly Budget Preparation and Monitoring

To monitor CSP budget and expenditures, SGV & Co. prepares a monthly summary of expenditure-to-date and estimate of the financial requirements of the program. This activity facilitates the reimbursement of expended funds and remittance of additional funds beyond the US\$40,000.00 revolving capital should the need arise.

C. Setting of Accounting Systems to Track and Record Disbursements

An accounting system to track and record disbursements has been set up (see CSP Manual, pages 15 to 17). This covers requests and liquidation of cash advance, petty cash, and records maintenance.

As the program operates and problems arise, improvements were introduced. The monthly petty cash fund balance was raised from P5,000.00 to P10,000.00 to cover the gasoline expenses of the additional two Cherokee Jeeps. "PAID" marks are also stamped in all vouchers and supporting documents to avoid the use of the same documents for the settlement of invoices, claims, etc.

D. Preparation of Financial Reports

SGV & Co. prepares and submits monthly to MSH an accounting package which consists of the following reports (see Annex B):

- Top Sheet (a summary of expenditure to date);
- 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; and
- Payable Vouchers.

The above package is sent by courier to MSH around the 10th of the month following the period for which the accounting package has been prepared. -

III. GENERAL OFFICE SUPERVISION

This aspect aims to ensure the organized conduct of office activities and smooth flow of operations.

A. Setting Up of Systems and Procedures

General office procedures have been set up to cover the following: travel, use of personal and project vehicles, and general office guidelines. As the need occurs, the systems are reviewed for further improvement.

- Files/Records

A filing system has been established and is functioning well.

- Communications

All internal communications is coursed through the office manager who oversees the daily office operations.

Difficulty is often experienced by the office staff with regards to domestic communications due to lack of communication facilities. To ease the problem, the CSP, in September 1991, started to lease a cellular phone. The cost to the program of the cellular phone is the monthly maintenance expense.

International communications (telephone and facsimile), on the other hand, is coursed through the Office of the Chief of Staff and Dr. Solter's telephone and facsimile equipment.

B. Acquisition of Equipment

As of December 1991, the program has acquired the following equipment:

- Alenair 1.5 hp split-type airconditioner,
- Konica UBIX 2502 MR photocopying machine,
- Club 386 desk top computer,
- Okidata computer printer,
- Four (4) Compaq Laptops,
- Three project vehicles, and
- HP Laser Jet 3 Printer.

Inventory reports are updated and submitted quarterly to MSH.

**CHILD SURVIVAL PROGRAM
MANUAL**

January 1991

1-91

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I. INTRODUCTION

This manual for the Child Survival Program (CSP) has been prepared to provide resident advisors and staff members with a handy reference on the program's organization structure, SGV scope of work, job descriptions and responsibilities of office staff, and general office policies and procedures. The program's policies and procedures pertaining to per diem rates, cash advances, use of project and personal vehicles, compensation and other benefits are also covered in this manual.

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II. ORGANIZATIONAL STRUCTURE

The CSP Technical Assistance Team is composed of the following members (see Chart 1):

Chief of Party (concurrently Resident Advisor for
Epidemiology-based Planning)

Resident Advisor for Health Care Financing,

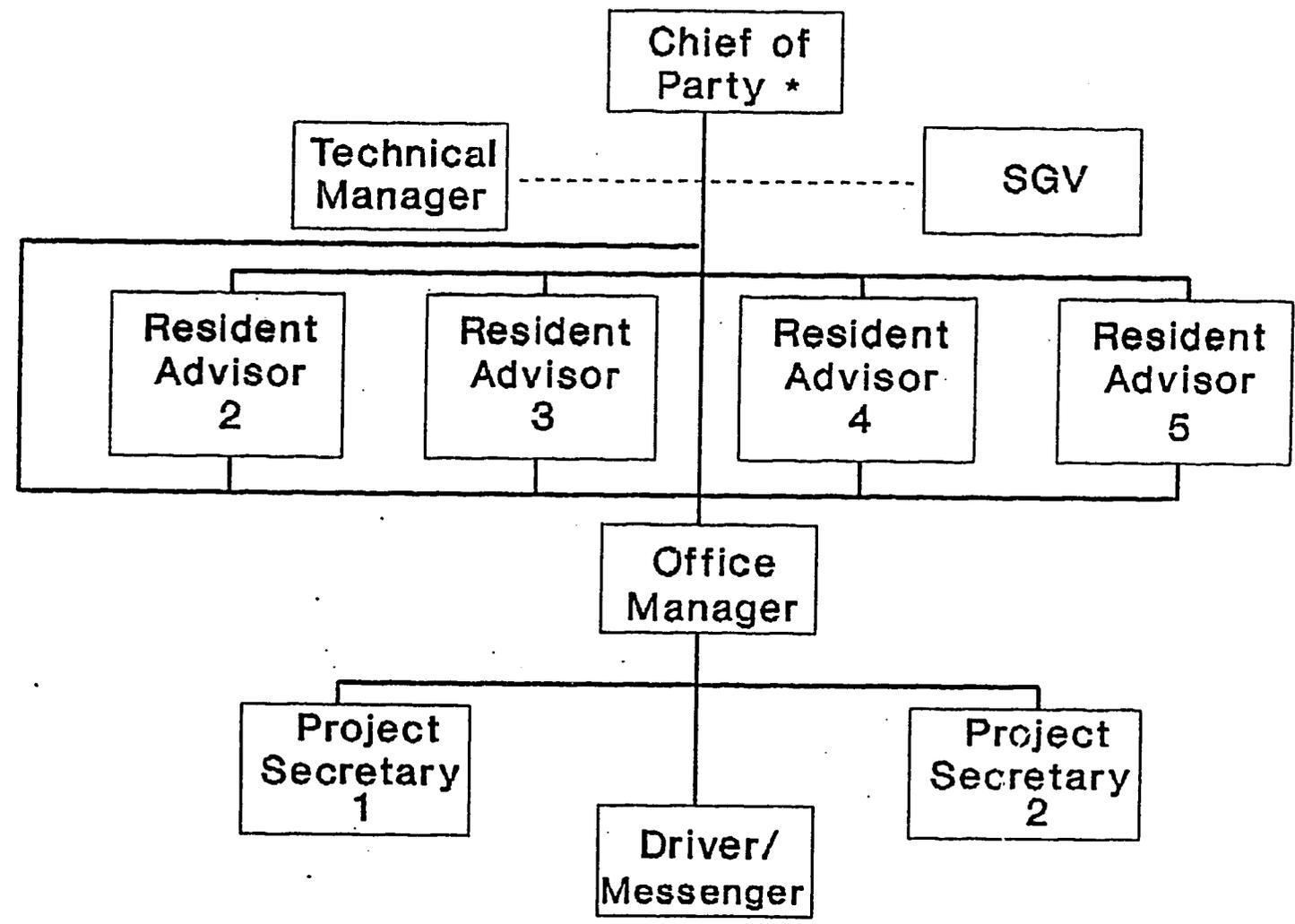
Resident Advisor for Social Marketing,

Resident Advisor for Health Management Information
Systems,

Resident Advisor for Evaluation/Information.

Providing technical support to the Resident Advisors is the Technical Manager. Administrative support on the other hand is provided by SGV and the office staff which consists of an Office Manager, two project secretaries, and one driver/messenger.

Chart 1 CSP Organizational Structure



* Concurrently a Resident Advisor

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II. SGV SCOPE OF WORK

The scope of SGV assistance to the CSP is as follows:

1. Management of local resources

Objective: to ensure that the appropriate local resources are harnessed to carry out the requirements of the project.

Tasks:

- o Preparation of local staff complement plan (including job descriptions, compensation and benefit packages)
- o Personnel recruitment and performance evaluation
- o Processing and administrative work for local short-term consultants and subcontracts, including hiring and paying sub-subcontractors for special studies and field trials
- o Arranging for locally subcontracted technical services and goods in support of the overall CSP
- o Supervision of local subcontracts with local universities, research organizations and management consultants for in-service trainings, feasibility studies, operations research, surveys, and other activities in support of the CSP
- o Development of annual detailed budget including local subcontracting for the approval of DOH and USAID.

2. Financial management of local currency component

Objective: to ensure the orderly management of funds for the requirements of the project.

Tasks:

- o Opening and maintaining local bank account
- o Budget preparation and monitoring
- o Setting up of systems to track and record disbursements
- o Preparation of financial reports

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3. General office supervision

Objective: to see to it that office activities are organized to ensure a smooth flow of operations.

Tasks:

- o Setting up of necessary systems
- o Monitoring the systems and making changes when warranted

III. JOB DESCRIPTIONS

JOB TITLE : Technical Manager

IMMEDIATE SUPERVISOR: Chief of Party/Resident Advisors

PRINCIPAL FUNCTIONS :

1. Documents project implementation activities including monitoring of performance benchmarks on a regular basis to make certain that project activities are on track.
2. Liaises between DOH, MSH, and USAID regarding technical matters and scheduling of meetings/activities.
3. Prepares project briefing and technical materials.
4. Coordinates the technical aspects for workshops, meetings, conferences, and prepares and distributes the workshop reports and proceedings.
5. Monitors the key workplan outputs to make sure that contractual scope of work obligations are met for the Project Team.
6. Coordinates with SGV regarding project administrative and financial matters.

JOB TITLE : SGV Officer

IMMEDIATE SUPERVISOR: Chief of Party

PRINCIPAL FUNCTIONS :

In consultation with the Resident Advisors and with the concurrence of the Chief of Party,

1. Recruits local staff.
2. Evaluates performance of local staff.
3. Contracts services of local short-term consultants and subcontracts for the technical and other requirements of the project.
4. Obtains USAID approval for short-term consultants.
5. Manages local currency component costs, including:
 - preparation and monitoring of budgets
 - setting up of systems to record disbursements
 - preparation of financial reports
 - timely submission of financial reports
6. Sets systems to ensure smooth flow of office operations.
7. Monitors and evaluates systems and makes necessary changes when warranted.
8. Liaises with USAID particularly regarding administrative matters.

JOB TITLE : Office Manager

IMMEDIATE SUPERVISOR: SGV Officer

PRINCIPAL FUNCTIONS :

Office Management

1. Takes charge of the housekeeping of the project office assuring that all activities are carried out in strict compliance with established policies and procedures.
2. Checks on the cleanliness and orderliness of the premises.
3. Checks attendance and time reports of project office staff. Reviews time sheets and submits to the SGV Officer.
4. Through time sheets and other records, monitors all sick leave, vacation leave, and personal leave credits earned by the office staff to ensure accurate records of leave credits.

Accounting/Financial

5. Makes requests for replenishment of petty cash fund as need arises.
6. Disburses and maintains accurate records of petty cash expenditures.
7. Processes vouchers and check requests for payments/disbursements.
8. Follows up Resident Advisors for cash advance requests and liquidation of advances.
9. Checks liquidation of travel expenses of project staff.

Purchasing and Asset Control

10. Makes arrangements for the procurement of locally purchased supplies and services.
11. Accepts and inspects quality of all deliveries of office equipment, machines and furniture; makes arrangements with suppliers for correction of defects.
12. Assigns asset numbers for new furniture and equipment and affixes these numbers on them.

13. Maintains a master list of all project office equipment, machines, furniture and fixtures to keep track of project's fixed assets.
14. Opens, maintains, and updates asset history cards for all office furniture, machineries and equipment repairs based on maintenance and service inspection reports.
15. Solicits proposals from service contractors and prepares evaluation for the approval of the SGV Officer prior to the submission of the recommendation to the Resident Advisors.
16. Makes arrangements for the maintenance and repair of office equipment and facilities.
17. Conducts an annual inventory of office equipment, machines, and furniture.

Others

18. Attends to requests of the Resident Advisors which are urgent in nature.
19. Orients new office staff of their duties and responsibilities.
20. Updates and maintains the Project Vehicle Usage Logbook to keep track of vehicle usage and reimbursement for gasoline.
21. Reviews the Photocopying Logbook to keep track of usage of photocopying machine.
22. Updates and maintains the Courier/Mailing Logbook to keep track of mails and packages sent/shipped and their cost.
23. Updates and maintains the Incoming Mails/Packages Logbook to keep track of letters, documents received.
24. Attends to callers or visitors in the absence of the Resident Advisors.
25. Conducts performance evaluation of project secretaries and drivers/messengers.
26. Performs other duties that may be assigned by the Chief of Party, Resident Advisors, Technical Manager, or the SGV Officer.

JOB TITLE : Project Secretary

IMMEDIATE SUPERVISOR: Office Manager

PRINCIPAL FUNCTIONS :

1. Takes dictation of, transcribes, and types letters, reports, and other documents.
2. Handles all incoming and outgoing telephone calls of the Resident Advisors.
3. Records in the Long Distance/Overseas Calls Logbook details of outgoing calls such as calling party, party called, purpose of call, duration and cost, and operator number.
4. Sets appointments for the Resident Advisors.
5. Reminds Resident Advisors of appointments.
6. Handles all incoming and outgoing mails and packages and coordinates delivery/shipment of outgoing documents with the Office Manager.
7. Forwards all incoming mails and packages that come from the Office Manager to the Resident Advisor.
8. Maintains files and records as required.
9. Handles social functions related to the work of the Resident Advisors.
10. Assists Office Manager in accomplishing forms (e.g., Request for Travel Advance) needed for travel and securing required documents (e.g., tickets) for the departure of the Resident Advisors.
11. Makes or reconfirms travel arrangements, hotel reservations, etc. for all local and international travel of the Resident Advisors and the project staff.
12. Prepares and types replies to routine letters.
13. Records in the Photocopying Logbook usage of photocopying machine. The logbook contains details such as number of pages, number of copies, etc.
14. Performs other duties that may be assigned by the Chief of Party, Resident Advisors, Technical Manager, Office Manager, or SGV Officer.

JOB TITLE : Driver/Messenger

IMMEDIATE SUPERVISOR: Office Manager

PRINCIPAL FUNCTIONS :

1. On the instructions of the Chief of Party, Resident Advisors, SGV Officer, or Office Manager, drives project personnel to government and private agencies on official business trips.
2. Prepares cash advance requests for gasoline using the petty cash form.
3. Records the details of each trip, states the origin and destination, purpose of the trip, number of kilometers travelled, etc. to maintain an accurate record of the use of the project vehicles and to avoid the unauthorized use of the vehicle.
4. Sees to the maintenance of the project vehicles including the reporting to the Office Manager any malfunction or damage.
5. Delivers and picks up documents (letters, memos, reports, checks, etc.) to/from offices/persons.
6. Assists in conducting canvassing jobs and picks up samples.
7. Purchases articles upon the instruction of the Office Manager.
8. Secures forms and other documents (e.g., passport, tickets, etc.) for the Chief of Party, Resident Advisors, and Technical Manager regarding their travel requirements.
9. Operates photocopying machines.
10. Performs other duties that may be assigned by the Office Manager.

IV. GENERAL POLICIES AND PROCEDURES

TRAVEL

A schedule of official trips of all resident advisors and consultants will be submitted to USAID monthly (See Attachment A). The schedule will include information on destination, address, inclusive dates of travel, purpose, and how traveller can be reached (telephone no., fax no., etc.). For foreign nationals, the schedule will also include their personal trips. A week before the scheduled trip, a letter seeking clearance will be submitted to USAID.

Expenses On Out-of-Town Assignments

Per diem rates are broken down into two components, namely:

1. A maximum rate for lodging for which receipts are required to claim for reimbursement;
2. A flat rate for meals and incidental expenses (M & IE) for which no receipts are required to support claim for reimbursement.

The following items are covered in the flat rate for M & IE:

1. Charges for meals;
2. Personal use of room and bath during daytime;
3. Fees and tips to waiters, porters, baggage handlers, bellhops, hotel servants, dining room stewards, and similar employees;
4. Telegrams and telephone calls reserving hotel accommodations, requesting leave, inquiring as to status of salary, expense vouchers, advance of funds, and reply thereto, or any other matter of a personal nature;
5. Laundry, drycleaning, and pressing;
6. Fans, air conditioning, heating, radios, or television in rooms; and
7. Transportation between place of lodging or business and places where meals are taken, except when travel to procure meals or lodging at the nearest available place is required since such cannot be procured at a temporary duty station.

Effective August 1, 1991, the maximum per diem rates for travel to localities within the Philippines are as follows:

<u>Area</u>	<u>Lodging</u>	<u>M & IE</u>	<u>Total</u>
Bacolod City	\$28.00	\$31.00	\$59.00
Baguio City	47.00	33.00	80.00
Cavite City	52.00	34.00	86.00
Cebu City	62.00	36.00	98.00
Davao City	45.00	31.00	76.00
Dipolog City	31.00	25.00	56.00
Laoag City	43.00	27.00	70.00
Manila	85.00	47.00	132.00
Palawan	37.00	25.00	62.00
Subic Bay **	28.00	22.00	50.00
Tacloban City	39.00	18.00	57.00
Tagbilaran	39.00	23.00	62.00
Other	23.00	22.00	45.00

** Includes Cubi Point, and the cities of Iba, Olongapo and Subic.

Please note that, in order to calculate the correct per diem rate to be reimbursed under a lodging-plus system, lodging receipts are required of all travelers. If no lodgings receipts are submitted, then only the M&IE rate can be reimbursed to the traveler. The M&IE amount is fixed for each locality and does not require itemization for reimbursement.

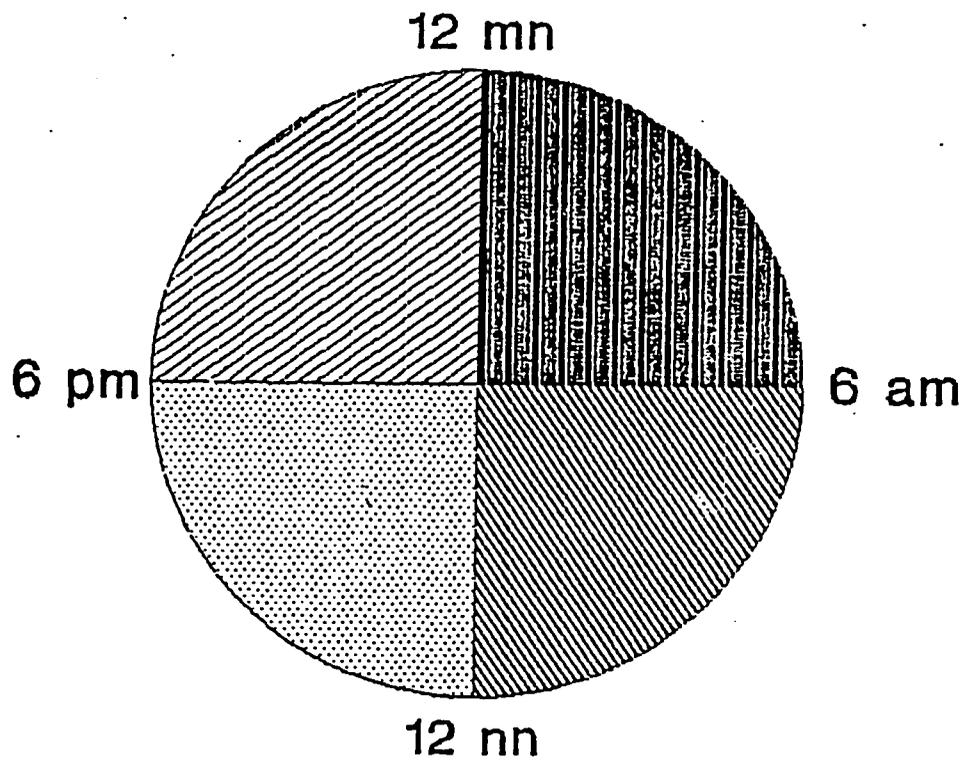
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Travel of Less Than 24 Hours

Reimbursement of actual transportation expenses will be made if travelling 10 hours or less. No per diem will be given.

On the other hand, if travelling more than 10 hours, one-fourth of the meals and incidental expense rate will be paid for each period of six hours or a fraction thereof.

Chart 2 Per Diem Pie Chart



Nonworkdays

Per diem will be given for nonworkdays only if such fall during the period of an out-of-town assignment.

Staying with Relatives during Out-of-Town Assignments

If traveller will be staying with relatives during his out-of-town assignment, he will be entitled only to per diem for M & IE.

CASH ADVANCE

Request for Advance

The request for advances for travel expenses (See Attachment B) should be submitted at least three working days before the date of departure. The purpose of the trip, itinerary, and an estimate of the expenses should be included in the request. The exchange rate used in the computation of advances for per diem in peso amount is ₱28.00 for every US\$1.00.

If travel is either cancelled or postponed indefinitely, the cash advance should be immediately returned to the Office Manager.

Liquidation of Cash Advances

The settlement of cash advances (See Attachment C) must be made within three days after returning from the out-of-town trip using the Travel Expense Report form and the unspent balance of the cash advance returned to the Office Manager.

USE OF VEHICLE

Use of Project Vehicle

Project vehicles may be used for trips which are work-related. These include the following:

- o from DOH to government agencies and private firms and back to DOH
- o from government agency/private firm to another government agency/private firm
- o from garage to DOH and from DOH to garage

The use of the project vehicles will be rotated among the Resident Advisors on a weekly basis.

Gasoline reimbursement will be based on the percentage of kilometers travelled for official trips over the estimated total kilometers that can be covered by the vehicle based on gasoline receipts. The vehicle mileage will be tested from time to time.

Use of Personal Vehicle

Expenses related to the use of personal vehicles for official trips may be reimbursed based on the number of kilometers travelled multiplied by a fixed rate per kilometer (\$0.15 per kilometer).

Reimbursable transportation expenses are those incurred in connection with work and include trips:

- o from residence to government agencies (other than the DOH) and private firms
- o from residence to government agencies/private firms and then to office
- o from government agency/private firm to another government agency/private firm.

The request for reimbursement of these expenses should be submitted at the end of the week using the Trip Log on Use of Personal Vehicle form (See Attachment D). Reimbursement should be ready by Wednesday of the following week.

Maintenance expenses of personal vehicles will be for the personal account of the Resident Advisors.

PETTY CASH

Immediate cash payments and payments too small to be made by check may be drawn from the petty cash fund. An initial amount equal to ₱5,000 will be set up and turned over to the Office Manager. All payments made out of the fund should be approved by the Office Manager and supported by signed receipts (See Attachment E). In the case of fare reimbursement where no receipt is available, e.g., taxi, bus, LRT, or jeepney, the CSP Destination Sheet will be used as support (See Attachment F).

Whenever the amount of the petty cash fund runs low or at the end of each month, the fund will be replenished by writing a check equal to the payments made. A request for petty cash fund replenishment, supported by a summary of signed receipts and appropriate documents should be submitted by the Office Manager to the SGV Officer for review and approval before replenishment can be made.

RECORD MAINTENANCE

Logbooks

The following logbooks will be maintained:

Project Vehicle Usage Logbook	keep track of vehicle usage and gasoline reimbursement
Photocopying Logbook	keep track of usage of photocopying machine
Courier/Mailing Logbook	keep track of mails/packages sent/shipped
Incoming Mails/Packages Logbook	keep track of letters/documents/packages received
Fax Logbook	keep track of outgoing faxes

Permanent Inventory Record

A permanent inventory record will be maintained and submitted to MSH quarterly. The said schedule will include the following information: date of purchase, check and voucher no., equipment description, property no., and the equipment location/person in-charge (See Attachment G).

Other Forms

To monitor purchases of equipment, supplies, and other items, the Purchase Order Form will be utilized (See Attachment H).

All CSP transactions will be recorded in the Accounts Payable Voucher (See Attachment I).

If there is any discrepancy in the forecasted time report with actual time charges, the adjustments should be reflected in the next period's time sheet.

The time reports must be submitted to SGV at least two days before the cut-off period for payroll processing.

COMPENSATION

Manner of Payment and Overtime Rates

Locally-hired staff are paid on the 15th and the end of each month through a check. Overtime rates paid by the Child Survival Program in accordance with the provisions of the Labor Code, is shown below (assuming a regular rate of ₱118.00 per day or ₱14.75 per hour):

- o For every hour in excess of eight hours on regular working days and first eight hours on Saturdays:

Regular rate	₱14.75
Plus 25% overtime rate	<u>3.68</u>
Total Overtime Rate	₱18.43
	=====

- o For every hour in excess of eight hours of overtime on Saturdays:

Regular rate	₱14.75
Plus 25% overtime rate	<u>3.68</u>
Saturday Rate	18.43
Plus additional 25%	<u>4.60</u>
Saturday Rate in Excess of 8 hours	₱23.03
	=====

- o For every hour of overtime for the first eight hours on Sundays and Holidays (both legal and special public holidays):

Regular rate	₱14.75
Plus 30% overtime rate	<u>4.42</u>
Total Overtime Rate	₱19.17
	=====

- o For every hour of overtime in excess of eight hours of Sundays and special public holidays:

Regular rate	₱14.75
Plus 30% overtime rate	<u>4.42</u>
Overtime rate	19.17
Plus additional 30%	<u>5.75</u>
Total overtime rate	₱24.92
	=====

- o For every hour of overtime in excess of eight hours on legal holidays:

Regular rate	₱14.75
Plus 100% overtime rate	<u>14.75</u>
Overtime rate	29.50
Plus 30% premium rate work beyond eight hours	<u>8.85</u>
Total Overtime Rate	₱38.35
	=====

In all cases cited above, night shift differential, as required by law, is added for every hour worked after 10:00 p.m. The amount of night shift differential is 10% of the overtime rate applicable during the hours the overtime work is rendered.

Deductions

As required by law, withholding tax is regularly deducted from salaries of all locally-hired staff. Social Security System and Medicare premiums are also deducted from the salaries monthly under the voluntary coverage agreement.

Bonus

The Christmas bonus is paid to all locally-hired staff members who are in active service with or are employed by the program at the time the Christmas bonus is paid. The Christmas bonus is equivalent to a staff member's monthly basic salary at the time the bonus is paid, if he has been with the program for one year or more. If a staff member has not completed one year of service, his bonus will be computed as follows:

$$\frac{\text{No. of months with pay with the program during the year}}{12 \text{ months}} \times \text{basic pay}$$

ATTACHMENTS

LIST OF ATTACHMENTS

- A Schedule of Trips
- B Request for Travel Advance
- C Travel Expense Form
- D Trip Log on Use of Personal Vehicle for Official Trips
- E Petty Cash Form
- F CSP Destination Sheet
- G Permanent Inventory Record
- H Purchase Order Form
- I Accounts Payable Voucher
- J Time-in Sheet
- K Daily Time Report
- L Requesting for Authority to Do Overtime Work
- M Leave Form

CHILD SURVIVAL PROGRAM

Schedule of Trips for the Period from

to

Date				
Purpose				
Address				
Tel. No.				
Date				
Purpose				
Address				
Tel. No.				

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BENEFITS

SSS, Medicare & ECC Benefits

In accordance with the voluntary coverage agreement entered into by CSP with SSS, all locally-hired Filipino staff of the Program are enrolled with the Social Security System (SSS), the Medical Care Commission (Medicare), and the Employees' Compensation Commission (ECC). For SSS and Medicare, both the Program and the staff are required to pay premiums. The staff members' contributions are deducted from their pay. For ECC, the Program pays the full amount of the premium.

In addition to retirement benefits, the employees can avail of the following: daily sickness allowances; housing and salary/educational loans; and maternity leave benefits.

Medical/Accident Insurance

All locally-hired staff have medical and accident insurance coverage.

Vacation Leave

Locally hired staff are entitled to fifteen (15) work days vacation leave on the first year of continuous appointment which shall accrue upon completion of the first six (6) months from the effectivity date of appointment. The vacation leave shall be increased to twenty (20) work days starting the second year of continuous appointment. If a holiday falls within the vacation period, the staff will be entitled to an additional workday of vacation (See Attachment M).

Vacation leaves are subject to the following conditions:

- o Only accrued vacation leaves may be taken.
- o Application for vacation leaves must be approved in writing by the Chief of Party.
- o Accrued vacation leaves not exceeding ten (10) work days may be carried over to the succeeding year.
- o Accrued vacation leaves will be paid in cash only upon termination of appointment in the project.

Sick Leave

Every staff member is entitled to fifteen (15) work days of sick leave per year. Unused sick leaves will not be carried over to the next year nor its equivalent paid in cash.

Termination Pay

Locally hired staff who were terminated for any reason (except if work performance does not measure up to requirements and standards) after more than one year of appointment in the project will be entitled to a termination pay equivalent to one month compensation for each year of continuous work in the project or a fraction thereof.

PERFORMANCE EVALUATION

Nature and Objective

The performance evaluation system has been designed to provide a common and equitable basis for evaluating the performance of the office staff. The performance evaluation will serve as an effective tool for determining merit increases objectively and equitably.

Frequency

An informal evaluation will be done after working with the project for at least six months. The formal evaluation of performance will be done on an annual basis during the month of October.

MISCELLANEOUS

Dress Code

Office staff must wear office attire Mondays to Thursdays and casual clothes on Fridays. Casual wear excludes:

- o tattered jeans
- o sleeveless shirts
- o wooden clogs (bakya)
- o T-shirts printed with advertisements

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TRAVEL EXPENSE VOUCHER
PAGE 2

EXCHANGE RATES USED: _____

OTHER EXPENSES

DATE	DESCRIPTION	PROJECT CHARGED	FOREIGN AMOUNT	US AMOUNT
			TOTAL	

OTHER TRAVEL

DATE	DESCRIPTION	PROJECT CHARGED	FOREIGN AMOUNT	US AMOUNT
			TOTAL	

AMOUNT FORWARDED TO PAGE 1

COMMENTS:

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THE CHILD SURVIVAL PROGRAM
DEPARTMENT OF HEALTH

PETTY CASH VOUCHER

No. _____

Paid to _____

Date _____

PARTICULARS	AMOUNT

Charged to Account: _____

Approved by: _____ Received by: _____

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ACCOUNTS PAYABLE VOUCHER

Voucher No.

TRANSACTION/CHECK No.	DATE
PAYEE :	
ADDRESS :	

ACCOUNT NAME	TASK	SUBTASK	DESCRIPTION	PESO	USS
TOTAL					

APPROVED

PAYMENT RECEIVED

EMPLOYEE'S DAILY TIME RECORD

Name _____

No. _____ Month of _____ 19 _____

Res. Cert. No. _____ Date: _____ Iss. _____

DATE	REGULAR TIME				OVERTIME				SIGNATURE
	A.M.		P.M.		REGULAR DAY		SUNDAY/HOLIDAY		
	IN	OUT	IN	OUT	HRS.	MIN.	HRS.	MIN.	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTAL HOURS									

I certify that the above record is true & correct.

Approved: _____

TIME KEEPER

EMPLOYEE'S SIGNATURE

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CHILD SURVIVAL PROGRAM
Department of Health

Annex A
Attachment L

AUTHORITY TO WORK OVERTIME

NAME : _____ PAY PERIOD: _____

PURPOSE/DESCRIPTION OF WORK TO BE DONE: _____

DATE OF OVERTIME: _____ TIME: _____

REQUESTED BY: RECOMMENDED BY: AUTHORIZED/APPROVED BY:

CHILD SURVIVAL PROGRAM

LEAVE FORM

NAME: _____ DATE: _____

DATE OF LEAVE: (From) _____ (To) _____

KIND OF LEAVE:

(Vacation)

(Sick)

(Emergency)

REASON: _____

(With Pay)

(Without Pay)

REQUESTED BY

RECOMMENDED BY

APPROVED BY

/nlm

THE CHILD SURVIVAL PROGRAM
MANILA, PHILIPPINES

CONTRACT NO:
PROJECT DIRECTOR: Dr. Steven Solter
COMPLETION DATE: September 1993
FUNDING SOURCE: USAID through MSH
ADVANCE PAYMENT RECEIVED: \$217,931.40
STATEMENT DATE: November 6, 1991
STATEMENT NO: 14
EXPENSE PERIOD: October 1991

LINE ITEM	TOTAL EXPENDITURE TO DATE	THIS PERIOD
SALARIES		
CONSULTANTS		
TRAVEL AND TRANSPORTATION		
OTHER DIRECT COST		
EQUIPMENT/SUPPLIES		
VEHICLE OPERATIONS AND		
OTHER MISCELLANEOUS EXPENSES		
OFFICE EXPENSE		
TELEPHONE, TELEGRAPH, FAX		
VEHICLE MAINTENANCE AND OPERATIONS		
REPRODUCTION		
POSTAGE AND SHIPPING		
COMPUTER SUPPLIES		
OUTSIDE SERVICES		
OTHER/MISCELLANEOUS		
WORKSHOP		
GRAND TOTAL		

The undersigned hereby certifies: (a) that payment of the sum claimed under the cited subcontract is proper and due and that appropriate refund to Management Sciences for Health will be made promptly upon request by MSH in the event of nonperformance in whole or in part, under the subcontract or for any breach of the terms of the subcontract; and (b) that information in the fiscal report is correct and such detailed supporting information as the Contractor may require will be furnished at the Subcontractor's Home Office of Base Office promptly to MSH on request; and (c) that all requirements called for by the subcontract to the date of this certification have been met.

BY:

TITLE:

DATE: _____

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MANAGEMENT SCIENCES FOR HEALTH

MSH ACCOUNTING PACKAGE CHECKLIST

PROJECT: _____

MONTH OF: _____

- 1. ESTIMATE OF MONTHLY FINANCIAL REQUIREMENT _____
- 2. BANK STATEMENT _____
- 3. ACCOUNT RECONCILIATION FORM _____
- 4. CHECK BOOK REGISTER FORM _____
- 5. DEPOSIT REGISTER FORM _____
- 6. FIELD EXPENSE SUMMARY _____
- 7. TIMESHEET _____
- 8. REPORT ON ADVANCE ACCOUNT _____
- 9. REPORT ON PETTY CASH ACCOUNT _____
- 10. PAYABLE VOUCHERS _____
FROM # _____
TO # _____
- 11. OTHER _____

(See Account Reconciliation Form)

(See Field Expense Summary)

MANAGEMENT SCIENCES FOR HEALTH

ESTIMATE OF MONTHLY FINANCIAL REQUIREMENTS

MONTH: _____

DATE REQUEST IS MADE: _____

1. FIXED SALARIES

Sub-Total _____

2. TEMPORARY SALARIES

Local Consultants _____

Translation Services _____

Local Secretarial Services _____

Sub-Total _____

3. OFFICE EXPENSES

Petty Cash _____

Xerox _____

Supplies _____

Electricity _____

Water _____

Office Rent _____

Telephone _____

Cable/Telex _____

Sub-Total _____

4. PROJECT EXPENSES

Travel _____

Per Diem _____

Gasoline _____

Auto Repair _____

Sub-Total: _____

5. MISCELLANEOUS

Sub-Total _____

6. TOTAL: _____7. AMOUNT ON HAND: _____8. TOTAL TO REQUEST: _____

(No. 6 less No. 7) .
 Request should be made
 of the total only to the
 Boston office by telex 1 week
 prior to the date funds are
 needed. Expect a confirmation
 by telex when transfer is made.
 Include this sheet with the
 month's field expenses.

NOTE: Must be completed by the 25th of each month.

FAR EAST BANK AND TRUST COMPANY

AYALA BRANCH

SGV & CO (IFF:THE CHILD SURVIV

PLEASE NOTIFY US
OF ANY CHANGE
IN YOUR ADDRESS

DEMAND DEPOSIT ACCOUNT STATEMENT

ACCOUNT NUMBER

0609-08566-1

STATEMENT FOR

10/31/91

PAGE

1

CHECK NUMBER	DATE	CHECKS/DEBITS	CODE	DEPOSITS/CREDITS	BALANCE
CHECK COUNT					ENDING BALANCE
		TOTAL DEBITS	TOTAL CREDITS		CONTINUED

- | | | |
|---|---------------------------------|--------------------------------|
| C | CSD - CASH DEPOSIT | ATC - AUTO TRANSFER FROM SA |
| | ODD - ON-US CHECK DEPOSIT | ECC - ERROR CORRECT CREDIT |
| | LCD - LOCAL CHECK DEPOSIT | OUC - ENCASHMENTS |
| O | RCD - REGIONAL CHECK DEPOSIT | DM - DEBIT MEMO |
| | MCC - MC/CC DEPOSIT | IRL - INWARD RETURN (LOCAL) |
| D | TWC - TW/PMO DEPOSIT | IRR - INWARD RETURN (REGIONAL) |
| | CM - CREDIT MEMO | SC - SERVICE CHARGE |
| E | DAR - RETURNED CHECK - DAUD/IF | INP - PENALTY INTEREST |
| | SPR - RETURNED CHECK - STOP PAY | ECD - ERROR CORRECT DEBIT |
| S | TRR - RETURNED CHECK - OTHERS | DOC - DEPOSIT ON-US CHECK |
| | | IW - INWARD CHECKS |

PLEASE EXAMINE THIS STATEMENT
AND IMMEDIATELY REPORT ANY DIS-
CREPANCY TO THE INTERNAL AUDITOR.
IF NO ERROR IS REPORTED WITHIN TEN
(10) DAYS FROM RECEIPT HEREOF, THE
STATEMENT WILL BE CONSIDERED AS
CORRECT.

1412435

MANAGEMENT SCIENCES FOR HEALTH

ACCOUNT RECONCILIATION

PROJECT: _____

ACCOUNT NO: _____

MONTH OF: _____

BALANCE PER BANK STATEMENT

PLUS DEPOSITS IN TRANSIT

LESS OUTSTANDING CHECKS

BALANCE PER CHECKBOOK
(should=spread sheet)

OUTSTANDING CHECKS

CHECK #	AMOUNT	CHECK #	AMOUNT	CHECK #	AMOUNT

ADVANCES OUTSTANDING

BALANCE PER SPREAD SHEET: _____

DATE	PERSON	AMOUNT	DATE	PERSON	AMOUNT
TOTAL					

CHILD SURVIVAL PROGRAM
FIELD EXPENSE SUMMARY
FOR THE MONTH OF: OCTOBER 1991
PAGE 1 OF 2

LINE NO.	DATE	DESCRIPTION	CHECK NO.	VOUCHER NO.	BANK ACCOUNT PESO	EXCHANGE RATE	BANK ACCOUNT DOLLAR	PETTY CASH		ADVANCES	SALARIES	CONSULTANT	TRAVEL & TRANSPORT EQUIPMENT	OFFICE EXPENSE	TELEPHONE	VEHICLE	REPRO-	POSTAGE/ SHIPPING	COMPUTER SUPPLIES	OUTSIDE SERVICES	OTHERS/ NTSC.	WORKSHOP
								TELEPHONE FAX	MAINTENANCE & OPERATIONS						DUCTION/ PRINTING							
		BALANCE SEPT. 30, 1990																				
1																						
2	Oct.1	Antonio Santiago	349251	0507																		
3	Oct.2	Feelina Albario	349252	0508																		
4	Oct.2	Femar Graphics & Trade Corp.	349253	0509																		
5	Oct.7	Jose Rafael Hernandez	349254	0510																		
6	Oct.2	Jose Rafael Hernandez	349255	0511																		
7	Oct.2	Beulah Tagbivalo	349256	0512																		
8	Oct.2	Fortis Gen. Merchant	349257	0513																		
9	Oct.2	Benjamin Loerinsohn	349258	0514																		
10	Oct.7	Lillian Haling	349259	0515																		
11	Oct.8	Antonio Santiago	349260	0516																		
12	Oct.8	Jose Rafael Hernandez	349261	0517																		
13	Oct.9	Liquidation of Petty Cash		0518																		
14	Oct.9	Replenishment of Petty Cash	349262	0518																		
15	Oct.14	Teresita Sabella	349263	0519																		
16	Oct.15	Lillian Haling	349264	0520																		
17	Oct.15	Renita Magcaen	349265	0521																		
18	Oct.15	Lourdes Riaz	349266	0522																		
19	Oct.15	Benifredo Caldino	349268	0523																		
20	Oct.15	Adorante de Taza	349269	0524																		
21	Oct.15	Eliza Samarro	349270	0525																		
22	Oct.15	Robert Batugal	349267	0526																		
23	Oct.15	Dr. Mariquita Mantala	349271	0527																		
24	Oct.15	Lillian Haling	349272	0528																		
25	Oct.16	HIS Advance		0529																		
26	Oct.16	Adjustment		0530																		
27	Oct.16	Unused - Cancelled Check	349273	0531																		
28	Oct.16	Benjamin Loerinsohn	349274	0532																		
29	Oct.16	Steve Solter	349275	0533																		
30	Oct.17	Racvel Sta. Maria	349276	0534																		
31	Oct.16	Benjamin Loerinsohn		0535																		
32	Oct.22	Liquidation of Petty Cash		0536																		
33		Replenishment of Petty Cash	329277	0536																		
34	Oct.28	Gov. Academy of the Phils.	349278	0537																		
35	Oct.28	Kabaliikat ng Pamilyang Pil.	349277	0538																		
36	Oct.30	Teresita Sabella	349278	0539																		
37	Oct.30	Lillian Haling	349279	0540																		
38	Oct.30	Renita Magcaen	349279	0541																		
39	Oct.30	RA. Lourdes Riaz	349281	0542																		
40	Oct.30	Robert Batugal	349282	0543																		

LINE NO.	DATE	DESCRIPTION	CHECK NO.	VOUCHER NO.	BANK ACCOUNT PESO	EXCHANGE RATE	BANK ACCOUNT DOLLAR	PETTY CASH		ADVANCES	SALARIES	CONSULTANT	TRAVEL & TRANSPORT	EQUIPMENT	OFFICE EXPENSE	TELEPHONE TELEGRAPH FAX	VEHICLE MAINTENANCE & OPERATIONS	REPRODUCTION/PRINTING	POSTAGE/SHIPPING	COMPUTER SUPPLIES	OUTSIDE SERVICES	OTHERS/ MISC.	WORKSHOP
								PESO	DOLLAR														
41		BALANCE FROM PAGE 1																					
42																							
43	Oct. 30	Wenifredo Caldino	349283	0544																			
44	Oct. 30	Adorante de Taza	349284	0545																			
45	Oct. 30	Gr. Mariquita Kanteza	349285	0546																			
46	Oct. 28	Manuel Sta. Maria	349288	0547																			
47	Oct. 30	SGT & Co.	349286	0548																			
48	Oct. 30	Steve Solter		0549																			
49	Oct. 30	Manuel Sta. Maria		0550																			
50	Oct. 30	Jose Rafael Hernandez		0551																			
51	Oct. 30	Benjamin P. Loerinsohn		0552																			
52	Oct. 31	Liquidation of Petty Cash		0553																			
53		Replenishment of Petty Cash	349289	0553																			
54	Oct. 31	RSH Remittance		0554																			
		Documentary Stamp		0554																			
55	Oct. 31	Adjustment		0555																			
56																							
57																							
58																							
59																							
60																							
61																							
62																							
63																							
64																							
65																							
66																							
67																							
68																							
69																							
70																							
		UNADJUSTED TOTAL																					
		ADJUSTMENTS																					
		ADJUSTED TOTAL																					

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VERIFICATION OF ELEGIBILITY TO RECEIVE POST DIFFERENTIAL AND POST ALLOWANCE

If employee and entire family (if applicable) were not at post for the entire two week period.

Who was Absent?	Dates of Absence From to		Purpose or Destination during Absence

POST DIFFERENTIAL: Please state Reasons for your continued eligibility for post differential despite your absence from your post.

POST ALLOWANCE: Please state reasons for your continued eligibility for post allowance despite your absence from your post.

COMPENSATORY TIME:

Timesheets including a claim for compensatory time for days worked on a project in excess of five per week MUST BE ACCOMPANIED BY A COPY OF THE PROJECT DIRECTOR'S AUTHORIZATION FOR THE EARNING OF COMPENSATORY TIME.

Only exempt employees (Bands 5-8), who are on temporary assignment, away from their duty station, and who work more than a 5 day week during a pay period may accrue compensatory time under the following conditions:

- (a) The work was conducted under a contract for which authorization has been given for more than 5 days a week to be charged; and
- (b) The Project Director has given PRIOR, WRITTEN AUTHORIZATION that compensatory time may be earned.

IMPORTANT: Circle day of week where hours worked overseas are recorded that create eligibility for compensatory time.

Example: If sixth day worked overseas in first week was Saturday, circle the "Sa" in the first week.