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THE PHILIPPINE CHILD SURVIVAL PROGRAM
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INTRODUCTION

The 3-year MSH Technical Assistance contract with USAID for the Philippine Child Survival Program ends on July 31, 1993. This 1992 Annual Report covers the most important activities implemented under the AID contract during the 1992 calendar year.

For an annual report such as this to be of use to the reader, two things need to be made clear at the outset -- who is the report written for (the intended audience) and what are the report's main objectives.

We are writing this report in part because we are contractually required to do so, but mainly because we would like to clarify the major issues that we have worked on under the contract. Our "target audience" is comprised of those from the DOH and USAID involved with Child Survival as well as those concerned with what took place under the TA contract. The specific accomplishments achieved by the TA team working together with its counterparts have been listed in the Quarterly Reports beginning in 1990.

1992 was a very important "transition year" in the DOH. Reasons for this include the following:

- (1) The DOH had three different secretaries during 1992. Secretary Alfredo Bengzon resigned in February to run for the Senate. His successor, Sec. Antonio Periquet, served until July. Finally, Sec. Juan Flavier took over July 1, 1992 and has served since then.
- (2) 1992 was an election year in the Philippines. The elections were mainly responsible for the fact that there were three health secretaries during the year. In addition, the elections affected work in the DOH and slowed down implementation activities for several months.
- (3) 1992 was also a transition year in that it was the last year before devolution of health services to provinces, cities, and municipalities and full implementation of the Local Government Code. The transition to a decentralized health system is a revolutionary undertaking in that it radically changes the way health services are managed, implemented, and funded.
- (4) Another reason why 1992 was an important transition year for the DOH was the development of a reorganization plan to streamline the department, reflect the realities of devolution, and demonstrate the priorities of the new administration.

The TAT, working in the midst of all these changes and "transitions", tried its best to focus on mothers and children to make sure that their interest was always first and foremost, regardless of anything else that was happening. Fortunately this was not a difficult task since all three DOH secretaries in 1992 (including the Program

Coordinating Unit or PCU) as well as USAID all supported the Child Survival Program as a top priority.

What did the TAT do in 1992 that benefitted women and children in the Philippines and helped achieve the objectives of the CSP? The sections that follow will discuss these activities in more detail, but for the sake of this introduction, a few important areas can be mentioned:

- (1) The 1992 Annual Performance Benchmarks of the CSP were fully met and fully documented. As a result, the final payment (tranche) of the CSP was made to the GOP by USAID in December 1992.
- (2) Preparation for the Philippines' first National Immunization Days (NIDs), scheduled for April 21, 1993 and May 19, 1993 was strongly supported by the TAT. Team members worked closely with the National Immunization Committee (NIC) and with the MCH Service as well as with WHO and UNICEF to make sure that high coverage levels would be achieved for polio vaccines, other vaccine antigens, and high-dose Vitamin A. The TAT's expertise, including Social Marketing (Hernandez), Implementation and Evaluation (Loevinsohn), Planning (Solter), and Information Systems (Sta. Maria), was put to good use.
- (3) The Integrated Supervisory Checklist (ISC) was implemented and evaluated during 1992. This tool allows nurses, when supervising midwives at Rural Health Units (RHUs) or Barangay Health Stations (BHSs), to focus on the most important aspects of the midwives' work. As a result of the ISC, midwives' performance improved very significantly compared with midwives who were not supervised using the ISC.

These are some concrete examples of the work of the TAT, in collaboration with colleagues in the DOH as well as NGOs, and with the support of USAID.

CHIEF OF PARTY

The Chief-of-Party role for the Technical Assistance Team (TAT) consists, in part, of internal team management (including managing contract resources) and, in part, of representing the team to the DOH and USAID. During 1992 (this "transition year" as described in the introduction), the Chief-of-Party focused on the following issues:

- (1) The Child Survival Program (CSP) Midterm Review, conducted in October/November 1991, made a series of major recommendations regarding the TAT as well as the CSP as a whole. By early in 1992 the Program Coordination Unit (PCU) of the DOH, together with the TAT, developed action steps to implement these recommendations. Some of the recommendations (such as the continuation of the CSP with additional funding) could only be decided by groups other than the TAT, such as USAID or the DOH. But some important recommendations were within the "span of control" of PCU and the TAT, and these were actively addressed. These recommendations included:
 - The TAT should phase out its Health Finance component (with Lyn Almario shifting over to the HFDP technical assistance team). This was, in fact, carried out.
 - The TAT should replace the Health Finance advisor with an advisor on Devolution of Health Services. The team conducted a thorough search for such an individual, found an excellent candidate, but this new advisor was not added to the team because of USAID's decision that devolution was much broader than child survival and that if an advisor was required it should not come from the CSP/TAT. This decision was made in July 1992. The TAT did provide support for the devolution effort, however. For example, Kabalikat was subcontracted (in May 1992) to assist the Office of Public Health to provide briefing materials on the major public health programs for Local Government Units.
 - The TAT should, among other things, strengthen those program areas within the DOH which were already a focus of the team's efforts, including Area Program-Based Health Planning, the FHSIS, Social Marketing, achieving the 9 Service Delivery Targets by 1993, and improving logistics for key Child Survival drugs and commodities. The team worked hard to improve the capability of the DOH in all of these areas. For example, in the area of logistics the chief of party wrote a "Logistics Concept Paper" which resulted in the creation of a top-level DOH Logistics Committee headed by Undersecretary Roxas and facilitated by the TAT Advisor for Programs and Evaluation. This committee set out to identify the major logistics constraints and implement a plan of action to solve them. However, in July 1992 USAID expressed its concern over the TAT's involvement in child survival logistics. AID was concerned that at the expiration of the TAT's contract in July 1993 expectations in the DOH would be very high regarding AID's long-term role in logistical support. AID did not want to get involved in a potentially long-term commitment in this area.

As a result of this request from AID, the TAT withdrew from working on child survival logistics. However, the DOH, upon the advice of the TAT, hired Dr. Bing Alano as a half-time logistics advisor.

- (2) Beginning in August/September 1992 USAID requested the CSP/TAT to complete activities that had already been started but not undertake any new "initiatives". Instead, the TAT should focus its energies on documenting the Child Survival Program through a series of monographs and a video. A series of discussions were held with USAID/OPHN staff regarding these documentation efforts. USAID made it clear that many technical assistance teams, as the end of their contracts rapidly approached, were unable to adequately document their project amidst the mad scramble to complete work that had already been started. USAID wanted documentation be the #1 priority for the last 10 months of the project. In responding to this request the TAT identified a series of monograph topics and several alternative themes for a video.

By December 1992 the following Monograph topics had been chosen by TAT members and approved by AID:

- Area Program-Based Health Planning in the Philippines
- Service Delivery Indicators
- Field Health Service Information System: Its Role in Decentralizing Health Services in the Philippines
- Social Marketing for Child Survival in the Philippines

If there were sufficient time in 1993 the TAT hoped to write additional monographs (a case study of FHSIS; The Program Mode of Assistance).

Regarding the Child Survival video, several alternative "concepts" had been proposed by year's end. One possibility was a video that aimed at local government official (such as mayors, governors, and their staffs) and which would dramatically show why child survival activities should be a high priority for them as they decide how to allocate scarce resources. Another option, supported by USAID, would be for the video to focus on the "development community" as its audience and to demonstrate the effectiveness for child survival of the "Program Mode of Assistance". This latter option is the one most likely to be implemented. AED will take primary responsibility for the video, through its subcontract with MSH.

The basic idea is to have the video reinforce the monograph series so that, as a package the monographs and video can provide appropriate documentation for the CSP. By year's end the writing of all the monographs had already begun.

- (3) Beginning in December 1992 the TAT began developing its "closedown plan" so that all CSP objectives and MSH contract requirement would be achieved, smoothly and without a last-minute rush, before the contract's termination date -- July 31, 1993.

The Chief-of-Party, together with the TAT members, developed a closedown plan by Dec. 31, 1992 which would when implemented achieve all project objectives by June 30, 1993. This would allow a one-month cushion at the end of the contract.

In addition, the COP and TAT tried to project contract expenditures through July 1993 in order to determine the approximate amount of funds likely to remain. This was difficult to do, given the range of possible contingencies during the last seven months of the contract. It was determined that, in all likelihood, there would not be substantial sums remaining.

- (4) The TAT assisted the DOH in its difficult transition year (see "Introduction" for a summary of the main issues). The TAT also helped provide continuity during a large number of important staff changes among DOH Senior Managers: Dr. Asoy was replaced as Director of the Internal Planning Service by Dr. Ludovice (who left the Health Intelligence Service); Dr. Reodica became head of the Office of Special Concerns (which included MCH, Nutrition, Family Planning and AIDS), Mr. Taguiwalo was replaced as Chief-of-Staff and Director of the Child Survival Program by Dr. Jaime G. Tan; Dr. Manolet Dayrit left PIHES, with Ms. Mayette Bernaje becoming OIC; at year's end Dr. Ellerie Dayrit was about to leave MCHS and become DOH liaison to the Senate Health Committee. The list could go on but the main point is this: The COP and TAT made every effort to support the needs of mothers and children.
- (5) The TAT assisted Sec. Periquet in finalizing and editing his DOH "Transition Report" which he handed over to Sec. Flavier in late June 1992. It also assisted Sec. Flavier in his two top priorities for the first 100 days -- Iodine capsules for women living in the Cordillera "goiter belt" and certifying 100 hospitals as "Baby-Friendly".
- (6) The Chief-of-Party helped to make sure that all ten 1992 CSP Performance Benchmarks were met and fully documented. In fact, many of these benchmark targets were exceeded by the DOH, which clearly was doing far more than the minimum required for USAID funds to be released to the GOP. The nine service delivery targets, however, still must be met by the end of 1993.
- (7) Regarding internal TAT management, the Chief-of-Party concentrated on:
- Amending the MSH prime contract, including phasing out the Health Care Financing Component, internal adjustments of line item amounts (without increasing the total contract amount), and adding "Publications" to the Analytical Research/Participant Training line item.

- Finalizing the subcontract with Andersen Consulting (formerly SGV).
- Attempting to provide leadership and direction to the TAT at a time of major changes and emerging priorities
- Developing, with the TAT, 6-month workplans and making sure that the TAT members accomplished their workplan objectives
- Submitting quarterly and annual reports to the DOH and USAID as well as representing the TAT to both the DOH and USAID.

MAJOR ISSUES FOR THE CHIEF-OF-PARTY FOR 1993

- (1) Make sure project documentation is completed on time and is of high quality.
- (2) Phase-down TAT activities in a way that allows for completion of all major tasks that have already begun.
- (3) Make sure all contract objectives and requirements have been met.
- (4) Anticipate problems that might arise after the TAT has left and develop strategies to prevent those problems from occurring.
- (5) Assist the DOH in finding donor or GOP funds to continue some of the successful efforts of the CSP.
- (6) Make certain that there is a smooth project closedown and that all CSP commodities are turned over in good condition to the DOH.

TECHNICAL REPORTS

PLANS AND PROGRAMS

For the Planning and Programs Advisor of the TAT (who is also the Chief-of- Party) 1992 was an exciting and challenging year.

At the beginning of the year there was concern regarding the status of Area Program-Based Health Planning (APBHP) in the Philippines. The main reason of the concern was that with the devolution of health services to provinces, cities, and municipalities, the DOH would no longer be able to require that local health officials develop their own APBH Plan. In addition, mayors and governors would become the key health decision-makers; DOH central office staff worried that health planning (as opposed health facilities, medicines, and health service delivery) would turn out to be a very low priority. Since APBHP was very time-consuming, there was the fear that health workers would complain to local government officials and convince them to excuse the health workers from carrying out the planning exercise.

By the end of 1992 there was considerable evidence that most of these DOH central office fears were unfounded. Midwives, nurses and doctors at the local level wanted to continue APBHP, partly out of habit, but mostly because they saw its benefits. Prior to APBHP they had no way of knowing coverage levels for important public health programs for each barangay. They could not prioritize very easily since they didn't have the data to make those decisions. Now, with APBHP, they could do these things and they intended to keep on doing them.

An important reason why APBHP looked like it would continue as the main health planning methodology at the local level was that there had been three years of experience actually using the methodology. During this entire time the Internal Planning Service (with the collaboration of the Planning and Programs advisor) had worked hard to explain APBHP, to assist local health staff in applying it, and to provide constructive feedback once the plans had been submitted.

In addition to assisting the Internal Planning Service (IPS) with APBHP, the Planning and Programs advisor focused on the following areas during 1992:

- (1) Assisted the Southern Island Medical Center in Cebu in preparing a 5-year Directional Plan and a 1-year Operational Plan for its new Child Survival Center
- (2) Completed an Evaluation Report (together with Rhais Gamboa and Mary Ann Lansang) on the Field Epidemiology Training Program (FETP)
- (3) Assisted several Child Survival programs in the DOH with development of their plans (e.g. CDD, EPI)
- (4) Actively collaborated in writing a report on the long-term behavior change strategy of five important Child Survival programs (CDD, EPI, ARI, Family Planning and Breastfeeding).
- (5) Worked as a member of a DOH Task Force on "Child Survival, Development, and Protection 1993-2000," which developed a medium-term plan in this area for the DOH.

- (6) Field visits in an effort to strengthen health planning, supervisory or data utilization skills at the local level, to Regions IV, VI, VIII, and X.
- (7) Actively participated in a number of conferences, symposia, and workshops relevant to Child Survival in the Philippines ("Therapeutics for Child Survival", "CDD Case Management Evaluation", "National Drug Policy and Rational Drug Use", "Essential Health Research", "Area Program-Based Health Planning", and so forth).
- (8) Supported the FETP through a monthly seminar series for FETP trainees and staff (with a different program manager each month, stressing the role of FETP in operational studies to help program managers manage better); also assisted FETP trainees on their research projects; gave lectures to FETP trainees on program evaluation and survey methodology; helped trainees with their presentations for international meetings.

The Planning and Programs advisor during the last part of 1992 began work on a monograph on Area Program-Based Health Planning in the Philippines. He also worked with different units in the DOH to identify and solve problems owing to the devolution of health services.

MAJOR ISSUES AND CONCERNS FOR THE PLANNING AND PROGRAMS ADVISOR FOR 1993

- Complete the monograph on APBHP
- Work closely with IPS in monitoring APBHP at different levels and support local efforts in health planning as much as possible
- Adopt APBHP to the needs of local health staff and local government units/officials
- Phase-out and closedown all ongoing activities or planning exercise by July 31, 1993
- Try and make certain that the "Core Group" has a clear mandate and strong support to continue its work under a devolved setting.
- Assist the DOH in every way possible to ensure that the gains of Child Survival over the past 4 years are continued and made sustainable in the long run.



HEALTH & MANAGEMENT
INFORMATION SYSTEMS

I. ACCOMPLISHMENTS

A. Management of CSP-TAT Activities (In Support of the CSP-TAT Chief of Party)

Preparation/Finalization of 1992 Benchmarks

Assisted the DOH in the preparations for, tracking of progress on, and finalization of the documentation of the 1992 benchmarks; together with the PCU staff, briefed the DOH Chief of Staff and Program Managers of their respective roles in the final submission and presentation of the benchmark documentation

Midterm Evaluation

- Participated in DOH discussions regarding the action workprogram to implement the major recommendations of the Midterm Evaluation; where appropriate, also participated in the implementation

Devolution/Local Government Code (LGC)

- Participated in DOH activities focused on decentralization/LGC, i.e., dialogues with DOH Central Office and regional officials, National Staff Meetings, and a TAT Retreat to plan for TAT involvement in LGC implementation
- Participated (and, in the absence of the Chief of Party, led) in the selection process for a Decentralization Advisor, but the initiative was discontinued at USAID's instructions
- At the request of the Undersecretary for Public Health Services, coordinated efforts for the TAT to use its resources to have Briefers for Local Government Units drafted, finalized and published
- At the invitation of the UP Economics Foundation (UPEcon), attended Roundtable Discussions on the Impact of Decentralization on the DOH.

TAT Contract

While the Chief of Party was on home leave, this RA took the lead in coordinating with USAID the efforts to finalize the amendments to the MSH prime contract as well as to the subcontracts.

Support to the Office of the Health Secretary

At the request of the Office of the Health Secretary (OSec), the RA provided assistance by:

- identifying workflows in OSec;

- coordinating and co-facilitating (with a contracted facilitator) the teambuilding workshops for the OSec staff;
- designing a document tracking system, which is currently being used

Others

- Provided technical assistance to the DDM team who came to Manila for a situation assessment;
- Together with the TAT, provided inputs to the DOH presentation for a visiting USAID/Washington Deputy Administrator;
- Provided assistance in the holding of the CSP Symposium on, "Why Do Filipino Children Die and What Can We Do About It?"
- Prepared and submitted the HMIS first Annual Report covering the period August 1990-December 1991 and the HMIS Advisor's workplan for the ten-month period October 1992-July 1993.

B. Field Health Services Information System (FHSIS)

Strengthening the Management of FHSIS

- Conducted a series of workshops, separately for the FHSIS technical managers and for the FHSIS provincial coordinators, to:
 - prepare plans that would systematically consolidate data from the field
 - design parallel non computer-based reporting system and to tap the field personnel to initiate such a system so that the outputs can be easily and immediately usable even by field people
 - finalize the designs of the simplified output tables
- Provided FHSIS management groups a set of recommendations on what to undertake in place of monitoring activities which had to be postponed due to lack of funds
- Readied materials for use in the training course on "The Management of FHSIS as a System" which, like the monitoring activities, had to be postponed for lack of funds
- Conceptualized alternatives to the reporting system in light of the imminent devolution of the DOH field units to the Local Government Units
- Assisted the Acting Director of the Health Intelligence Service (HIS) and the HIS staff in preparing, finalizing, presenting and defending the 1993 HIS budget.

Maintenance

- Visited seven regional offices, i.e., Iloilo, Cebu, Tacloban, Cagayan de Oro, Davao, Zamboanga and Cotabato, to follow up on the production of the 1991 output tables; the RA also took this chance to get first-hand information on the problems of the processing nodes and, while there, identified operational problems and solved many of these (including hardware problems);
- Assisted HIS in identifying parallel reporting being done in the field among programs and specifying solutions to the attendant problems
- Assisted HIS in the production of the 1991 output tables, and helped HIS design the simplified format of the output tables for easy use
- Visited various provinces, e.g., Batangas, Quezon, Rizal, Zamboanga del Norte, etc., and cities, e.g., Batangas, Dapitan, etc., to help HIS in collecting 1990-1992 data, introducing to provincial FHSIS users the simplified output tables, and eliciting opinions on implementing non computerized FHSIS reporting among the DOH field personnel
- Oriented DOH provincial and regional planners on strategies for improving FHSIS to meet devolution requirements; also conducted a survey among them to determine the viability of continuing FHSIS among the DOH field personnel
- Prepared the draft of the "Guidelines for the Continuing Implementation of FHSIS", a set of instructions to be issued by the Secretary on how to continue FHSIS despite devolution; this was presented by the Acting HIS Director to the Regional Directors and was received favorably
- Provided technical assistance to the FHSIS manager in dealing and communicating with the regional FHSIS coordinators
- Continued to provide technical inputs to the Management Advisory Service (MAS) on the development of the computerization aspects of the regional subsystem, the national subsystem and the reformatting of the provincial subsystem

Project Development for FHSIS Upgrading

- Prepared a concept paper for updating and upgrading FHSIS through the setting up of a prototype laboratory in the province of Cebu, and included various technologies currently being tested in the DOH (particularly the geographic information system)
- Planned for, coordinated and facilitated the conduct of a workshop in Cebu to discuss and finalize the concept and plans for the setting up of a Local Government Information System (LGIS) laboratory in Cebu using, among others the geographic information system being developed in the province

- Prepared a proposal to seek funding for this Cebu project and disseminated the proposal to the Region VII office for comments prior to finalization
- Met with the Assistant Regional Director (ARD) of Region VII to finalize the commitment of the regional office to the setting up of the LGIS Laboratory project in Cebu -- the ARD identified the participating LGUs as the cities of Mandaue and Lapulapu and the municipalities of Consolacion, Minglinilla and Bogo, and the province of Cebu
- Met with various institutions -- National Computer Center (NCC), the Development Academy of the Philippines (DAP), the Technology Livelihood Resource Center (TLRC), and the National Statistics Office (NSO) -- to seek their participation and commitment to the LGIS Lab project. NCC was tapped because of its caretaker role in computerization and the softwares it has developed for the local governments; DAP and TLRC have also developed and successfully installed some LGU systems. NSO plays a major role in the management of LGU demographic data. During this meeting, the RA received from these institutions their commitment, encouragement and the kind of support that each could give to the project
- Upon finalization of the concept paper, instructions came from USAID for the RA to concentrate only on assigned monographs necessitating the shelving of the LGIS project.

C. Provision of Other IS Technical Assistance

- Continued to supervise the development of the Targeted Area Monitoring System for the Community Health Service (CHS)
- Prepared for the MAS the Manual on System Development standards which consists of a complete set of materials to serve as standards for MAS in developing information systems; prepared and finalized the documents of systems-related activities such as database management, terms of reference for proposals, etc.; and prepared and finalized the manual for database management and initiate its development.

II. CONSTRAINTS/ISSUES

1. FHSIS activities, particularly that of monitoring, were hampered by the late disbursement of the budget by the Department of Budget and Management and, when disbursed, by the lack of clear guidelines on how the budget should be utilized.
2. The lack of clear knowledge on the real impact that the Local Government Code would have on FHSIS continued to place on alert the HIS; the immediate problem centered on the implications of the devolution of basic health services on the reporting responsibilities of the Local Government Units.

3. There was growing demoralization and discontent among the HIS personnel over the imminent HIS reorganization and absorption of the FETP personnel by the HIS; the situation has contributed to the slow movement of activities in the office.
4. 1991 output tables were not completed because of various problems, foremost of which were the various computer-related problems and those related to power failures throughout the country.
5. Revision of the provincial subsystem took longer than expected because:
 - First, there was a delay in the awarding of the programming subcontract;
 - Next, the MAS Director decided to do the programming in-house but there arose questions on manpower availability; and
 - When the programming finally happened, the new version of the provincial system could not be tested due to lack of funds.
6. Parallel reporting continued to exist despite DOH official pronouncements.

III. SOLUTIONS TO CONSTRAINTS/ISSUES

1. Provisions have been made in the 1993 HIS budget in anticipation of problems as those encountered in 1992, as well as other potential problems.
2. Many of the computer-related problems which were not solved in the field during this RA's visits were referred to MAS for solutions; problems related to power failures were analyzed and some solutions were given to the field units, e.g., use of the cold-chain generators.
3. On the lack of funds delaying the testing of the new provincial system, MAS has decided to wait until funds are available.
4. The problem of parallel reporting has been brought to the attention of the HIS Director and discussions were held with the program managers who then committed anew to stop requiring reports parallel to FHSIS; vigorous efforts were also being exerted to address the concerns of the program managers.
5. The main issue for the Cebu LGIS Laboratory project is funding. The proposal was designed to generate enthusiasm so as to secure the needed funding support. Hopefully, such funding can be sourced from the PHDP and/or the CSP.

IV. PLANS**A. Program Management Concerns**

- Preparation and finalization of individual monographs
- Assistance to the team in producing the video for CSP
- Initiation of project closure activities
- Providing support to the Office of the Health Secretary for whatever has to be done in support of its administration.

B. Maintenance of FHSIS**Supervision of HIS work**

- finishing the production of the 1991 output tables
- finalizing the simplified output tables formats after validations with program managers

Others

- As soon as work on the monographs is finished, the HMIS RA plans to:
 - continue field visits to collect 1990-1992 data from the provinces and, during these visits, introduce to the field the simplified output tables and non computerized reporting; also promote FHSIS and continue the identification of specific steps to meet the problems being brought about by the LGC implementation;
 - develop protocols for the inclusion of new programs in the system;
- Provide technical inputs for the national and provincial subsystems.
- Initiate whatever can be done to continue the LGIS laboratory



PROGRAMS & EVALUATION

1. ASSISTANCE TO MATERNAL CARE

During the year the Resident Advisor spent approximately 30% of his time working with the Maternal Care Division of the Maternal and Child Health Service.

Accomplishments

The RA helped the division focus on a few achievable objectives for the next few years particularly that related to the service delivery target for third prenatal visit. This was done by discussing it extensively during consultative workshops, writing individual letters to all provincial health officers, and an extensive monitoring of low performing areas. 1992 data are not yet available to assess whether these activities led to increased coverage of prenatal care, however the sense from discussing it with people in the provinces is that coverage has, in fact, improved.

Second major activity undertaken was to redesign the Home Based Maternal Record (HBMR). This is a comprehensive maternal care record which classifies women at risk using a system of shading that can be easily filled out by a midwife. Extensive field testing of the card was required in order to overcome resistance within MCHS, however a new and user-friendly card was finalized and produced in mass quantities for distribution to the field. The feedback from the midwives has been excellent and some provinces have made copies of the HBMR even before it was ready for general distribution.

Considerable amounts of practical research was also carried out during the year by the Maternal Care Division. We started with focus group discussions with mothers that found them discouraged by the attitudes displayed by midwives. This issue is also carried out on the knowledge of midwives regarding the treatment of obstetrical emergencies. An investigation was also carried out into the effectiveness of hilot training on hilot practices, and it showed that trained hilots in fact knew more than untrained hilots. Nonetheless, considerable room for improvement was noted.

A manual for midwives on the conduct of all aspects of maternal care including obstetrical services, was started during the last quarter of the year. This manual will include flow charts, flow diagrams showing midwives how to deal with common obstetrical emergencies as well as provide technical material that they appear to need based on the research conducted by MCH. The plans for field testing this manual and revising it according to the results of the pilot implementation have been made.

Constraints/Issues

One major issue that arose during the year was the introduction of the new midwifery law that made it illegal for hilots to deliver babies. The absurdity of this law is that 50% of all deliveries now being conducted in the Philippines are done by hilots. The effect of this law on the Department of Health's ability to train hilots has not yet been clarified.

The other major constraint facing all the activities of Maternal Care is the lack of a sound, scientific basis for many of the decisions that have to be made. For example, it is still not clear to what extent prenatal care affects the outcomes of pregnancy, nor which particular services need to be included for effective prenatal care.

Strategies to Overcome Constraints

Comments were sent from the MCH to the upper levels of the Department of Health to respond to the introduction of the midwifery law. These included suggestions for implementing rules and regulations.

On the issue of scientific validity, considerable research was done by the RA and backstops in Boston as well as WHO people to try and get the latest and best information on maternal care particularly prenatal care.

Plans for 1993

The HBMR will be introduced nationwide. The Maternal Care Manual will be field tested during the first quarter, and will be revised and finalized by the end of the second quarter. Training of midwives in the use of the manual will begin in the second half of 1993.

2. INTEGRATED SUPERVISORY CHECKLIST AND DATA UTILIZATION TRAINING

The RA spent approximately 20% of his time on this activity during the year.

Accomplishments

An evaluation of the pilot test of the Integrated Supervisory Checklist (ISC) was completed in January by HIS staff. It showed that in provinces where the ISC was implemented there was a 42% improvement in the performance of midwives as measured by the scores on the ISC. In the control provinces there was only an 18% improvement. In addition, there was a dose-response relationship between the frequency of supervision with the ISC and the improvement in the midwives' performance scores. The results of the pilot test were discussed with Undersecretary Roxas and other program managers, and they decided to implement the ISC on a nationwide basis. After some slight revisions and the inclusion of indicators for leprosy and malaria, the ISC training was conducted in all regions. By December 1992, all provinces, Municipal Health Officers (MHOs) and Public Health Nurses (PHNs) had been trained in the use of the ISC. The feedback from the field was extremely positive and congratulations came in to HIS from field staff.

The ISC training was integrated with training for MHOs and PHNs on data utilization. With the coming of decentralization, it seemed apparent that these staff would need to have more ability to analyze and use the data that they received routinely. A simple two-day course on the construction of cumulative graphs, analysis

of tables was designed together with HIS staff and field tested. The sense of the trainers involved in this course was that while it was of some use to the participants the contents were difficult and will probably take more repetition over time.

Issues and Constraints

There was some delay in the release of funds for the ISC and data utilization training. However, this was cleared up in the end and the training proceeded on schedule. One other issue that arose was whether the training alone would be enough to ensure the implementation of the ISC on a regular basis.

Strategies to Overcome Constraints

A follow-up evaluation will be done in early 1993 to assess the extent to which the ISC has been used and what obstacles there have been to its implementation. A similar evaluation will be conducted of the data utilization training and the feedback will be incorporated into HIS activities for 1993.

3. VITAMIN A PROGRAMMING

Accomplishments

Through discussions with Nutrition Service and MCHS, the RA was able to help along the process of universal distribution of Vitamin A to children in the Philippines. The EPI incorporated Vitamin A into its activities by giving 100,000 I.U. together with measles vaccination for children 9-12 months of age. In addition, the RA helped ensure that Vitamin A distribution would be given universally during the National Immunization Days planned for early 1993.

Issues and Constraints

There is some opposition to the idea of universal distribution of Vitamin A, however a cost effectiveness analysis performed by the RA had shown that targeted distribution was less cost-effective than universal supplementation. In addition there was no data and no literature showing that, in fact, mortality prevented by Vitamin A clustered in a particular high risk group.

Plans for 1993

With the addition of Vitamin A to the National Immunization Day activities, the principle of universal distribution of Vitamin A will have been established. Nonetheless, it will be important for the Department of Health to firmly establish a series of guidelines guiding the use of Vitamin A.

4. STIMULATE DOH SYSTEMATIC RESPONSE TO PROBLEM OF LOGISTICS

Accomplishments

A task force chaired by Undersecretaries Roxas and dela Cruz, with help from the RA, was established in the second quarter of 1992 to examine the problem of logistic support to the field. A brief study was conducted by former Undersecretary Rhais Gamboa and the RA to look at issues of logistics that was presented to the DOH Management Committee. These activities proceeded during the incoming administration under Dr. Flavier, and the DOH hired a local consultant recommended by CSP-TAT to examine the issue of logistics and procurement. The RA also assisted FETP in conducting a rapid assessment of the availability of logistics in the Department of Health, which was carried out in December 1992 and in January 1993.

Plans for 1993

The RA will assist FETP in the analysis and presentation of the survey results to the interested parties in the DOH. The RA will also try and assist the Asian Development Bank in its attempt to improve the system of distribution and procurement.

5. HOUSEHOLD CLUSTER SURVEYS

Accomplishments

A survey instrument that incorporates questions on EPI coverage, coverage of prenatal care, knowledge of mothers on oral rehydration, and breastfeeding, was developed by the RA in coordination with MCHS. This instrument was field tested and revised in the third quarter of the year.

Plans for 1993

It is hoped that with devolution these provincial level surveys could be done quickly and easily particularly given that the regional field monitoring units may have sufficient staff to carry them out.

6. MONOGRAPH

Accomplishments

A monograph on the service delivery targets was drafted by the end of December. The monograph dealt with the issue of trying to set quantitative targets in a development program such as the Child Survival Program.

7. SUSTAINABILITY OF CHILD SURVIVAL ACTIVITIES

Accomplishments

Two members of the TAT, the Planning Advisor and this RA, participated in a Child Survival, Protection, and Development Task Force chaired by Dr. Reodica. They helped Dr. Reodica to come up with a plan which was presented to and approved by the Management Committee of the DOH.

Plans for 1993

The next step after deciding what ought to be done will be to examine ways of securing continued funding for child survival and development activities. Discussions with donors and other partner agencies will be necessary to ensure long-term funding support.

8. OTHERS

Accomplishments

In addition to the other specific activities mentioned above, the RA worked closely with a number of trainees in FETP on specific projects as well as on the sentinel surveillance system. Logbooks for Acute Respiratory Tract Infections (ARI) and CDD were also developed by MCHS with assistance from the RA. Considerable time and effort were also spent in the fourth quarter helping the MCHS plan for the NIDs to take place in April and May of 1993.



IEC/SOCIAL MARKETING

INTRODUCTION

1992 can be characterized as the year of many changes. For one thing, it was a national election year which ushered in a new Philippine President and a host of new senators, congressmen and mayors. Early in the year prior to elections, Health Undersecretary A.O.Periquet was sworn in as Secretary of Health to replace Dr. A.R.A.Bengzon who resigned in February to run for senator (but lost). And as newly-elected President F.V.Ramos came to office in June, he appointed Dr. J.M.Flavier as the new Secretary of Health, a change in headship within five months. Timed with the election was the implementation of a new law (Local Government Code) which devolved majority of health functions to local government units. These two major events somehow brought confusion to some policy decisions and contracts, even as organizational realignment in various services were happening. PIHES in particular lost its Division Chief who was in-charge of CSP. In time, she was replaced by a senior person whose views and management style differ considerably with her predecessor's. Throughout all these changes and challenges, the PIHES "communication managers" assigned to CSP and this RA persisted in their efforts to sustain the gains obtained from the previous year and relentlessly continued to espouse social marketing as a tool for promoting preventive health care. Due in large part to this pursuit, major breakthroughs were achieved including the shift in approach from a programmatic to an integrated mother-and-child paradigm which became a stimulus for different programs to interphase actively with one another and also enhanced Program Managers' involvement in health IEC. Moreover, the 50-page, full-color Midwives' Integrated Communication Aid for Child Survival (MICACS) was finally completed for its final stage of pre-testing prior to printing (13,000 copies) and distribution in 1993. On the television medium, health and medical news was institutionalized as Channel 13 signed a one-year contract with the Department of Health to feature daily in its regular 5:30 p.m. newscast a 5- to 7-minute segment on Health and Medicine. Meanwhile, follow-on communications and research requirements for EPI and CDD were attended to. Significantly, as if to signal the institutionalization of the social marketing approach to communications, other non-child survival programs like Tuberculosis, Malaria, Schistosomiasis, Excreta Disposal and Voluntary Blood Donation, appropriated funds for research and integrated interpersonal communications (IPC) and mass communications like EPI and CDD, these programs involved the private sector as individual campaigns were developed.

These "victories" were hard-earned. There were countless obstacles and constraints that had to be overcome, foremost of which were: (1) the complicated bidding and contracting procedures which invariably delayed project implementation; and (2) the prolonged unavailability and/or delayed release of funds which resulted, not only in considerable and costly project delays, but also in DOH's diminished credibility because of its inability to settle its media bills which, in turn, led the National Association of Broadcasters (Kapisanan ng mga Brodkasters ng Pilipinas or KBP) to suspend the DOH from airing any spot in broadcast media. Notwithstanding all these, the constraints have provided PIHES and this RA with valuable lessons for the planning and implementation of future social marketing initiatives.

The next seven months of 1993 will be devoted to finishing-up and close-down activities. It would be safe to say that PIHES and the other Services have accepted and appreciated social marketing as an effective tool to promote preventive health behavior. To

preserve the gains that have been achieved within the organization and to equally sustain the health behavior of its clients, the DOH must now begin to look at social marketing beyond being a methodology or a set of key concepts and tools which marketers use in designing and carrying out their behavior change programs. They should begin to adopt social marketing as a philosophy to guide their long term policies and strategies.

I. ACCOMPLISHMENTS

1. Major Communication Campaigns

a. Year II EPI/Measles Sustaining Campaign

Management at the start of the year decided to change from Measles to Polio Eradication and Tetanus Toxoid as the focus of the EPI campaign. On this basis, Trends, Inc. was contracted to do the necessary target audience research. Focus Group Discussions among housewives from Leyte and Bataan (pre-selected areas), and fieldwork on the national KAP, were thus conducted. After a series of consultations with PIHES, Image Dimensions (the ad agency on record for EPI) and this RA, Trends released the results to all the interested parties in the DOH and presented their key findings in the Behavior Change Workshop held last July at DAP Tagaytay. In the last quarter of the year, however, the campaign's focus was changed from Polio and TT to just Polio. This Polio Eradication initiative will be launched in early 1993 using the National Immunization Day Strategy similar to what was employed by Brazil. The MCHS quickly formed a Task Force, with this RA as member, to formulate specific recommendations for inclusion in the Polio Eradication operational plan for approval by the DOH Mancom.

While all these were happening, year-ago media bills for campaign activities in November-December 1991 continued to be unpaid. The reason that was given by DOH to KBP for non-payment of bills over a one-year period was DBM's failure to release the necessary funds on time and other bureaucratic requirements. Be that as it may, non-payment of media bills led to the suspension of DOH from advertising using broadcast media. On several occasions, this RA had to intervene using goodwill to stop KBP from exposing the situation to the general public. The other project that suffered due to "lack of funds" was the EPI "Unang Taon ni Baby" calendar. It was distributed to the field only in the middle of the year.

b. CDD Communication Campaign Year I

Despite delayed payments to media, Phase II of the CDD campaign started in March as scheduled, using the earned media bonuses and money left over from the 1991 campaign allocation. The research agency (Frank Small and Associates) presented the topline results of the national KAP to PIHES and this RA during the first quarter. And in line with its strategy which was pre-approved by the previous management to dovetail the Phase II campaign from

March to April, and because it was the current ad agency on record, creative work and media planning by Well Advertising in collaboration with PIHES and this RA continued, even while the follow-on contract has not been signed yet. But because the DOH changed leadership (the current Secretary who ran for Senate was replaced by an Undersecretary), the contract was not signed. Another national media plan was developed as the ad agency contract was being routed, and this contract was again caught by another change in leadership. This time, a new Secretary was appointed by the newly-elected Philippine President. As the signing of the ad agency contract faced delays, the national media plan was developed and changed twice, first with August and then September/ November as breakdates. Unfortunately, by year-end, this twice-revised media plan had to be shelved when the KBP decided to suspend the DOH due to its non-payment of media bills. In any case, the advertising could not have gone on air just the same because the advertising agency contract was still unsigned by December owing to concerns over a number of issues: (1) the perception by Management that the contract amount was "huge", which prompted Undersecretary Tan to propose the splitting of the contract into two: one for creative materials and another for broadcast airtime requiring a new contracting process; (2) the view held by some parties that the awarding of this contract may have violated government bidding and contracting rules (this apprehension was fueled by the then-ongoing Senate investigation of the former Health Secretary over alleged irregularities in bidding/ contracting committed during his administration); and (3) the offer by a TV station to the new Health Secretary for "free" media services as opposed to this contract on paid media services. The "free" offer was rebutted by ASec Dayrit as not being really free since the station wanted tax rebates in exchange for these services. As the year ended, the new Secretary was apprized of the fact that the selection of Well Advertising was in line with government approved procedures and was cleared by DOH Legal Service and Internal Audit during the past administration.

In anticipation of problems like these, the printing of posters, comics, and pamphlets were contracted out in 1991 to different firms using 1991 budget although deliveries were still expected in early 1992. But even these faced difficulties. Although some comics and posters were printed and delivered, some printers faced problems with paper supply and technical difficulties. For example, the printing of comics by Galaxy had to be stopped during the first quarter because the DOH ran out of paper that it was supposed to supply to the printing company. As a result, this contract with Galaxy had to be renegotiated and a procedure was established in response to the new situation. This considerably extended the project timetable as it also affected payments.

2. **Nutrition's *The Weaning Moment***

The Task Force decided to promote *mother and child readiness to wean* as the key health behavior. Based on this *Weaning Moment* concept, PIHES and Nutrition

Service, with the assistance of this RA, developed a communication plan and drafted a Teaching Manual for Rural Health Midwives. The Manual was pre-tested among midwives in Quezon province, and the results were discussed with this RA who gave his comments on how to improve the manual. Trends was selected as the research agency to do the KAP, and initial discussions on sampling design and methodology were held. However, the contracting of Trends could not proceed due to unavailability of funds. When the situation was unchanged by the fourth quarter, the program indicated their preference to postpone the KAP to 1993.

3. Midwives' Integrated Communication Aid for Child Survival (MICACS)

The committee headed by Dr. Casimiro selected the firm who will design and produce the kit's packaging, but work was held up until funds were finally made available in the second quarter. The contracting process had already started and revisions were being made on the text to make it less technical and more people-oriented, when the newly-organized Bidding Committee questioned the validity of the selection process. This issue was laid to rest when the DOH Prequalification, Evaluation and Awards Committee (PEVAC), after a review of the selection process during the fourth quarter, ruled that the selection as conducted (in March) was appropriate and binding. As the year was ending, the contract was being finalized for re-routing.

Meanwhile, urgent needs for funding surfaced. CSP-TAT funds were procured for the immediate development of pretest materials and the research instrument. The pretests are set for the first quarter of 1993, involving three (3) versions of materials: first, the basic version to serve national needs, which has 50 pages of original full color artwork, plus 2 special versions to serve the needs of the CAR and Muslim publics, each of which has 27 pages of original artwork meant for each ethnic group.

4. Behavior Change Benchmark

Performance Benchmark II.B.3 was originally called the "IEC" benchmark. Subsequently, this RA came out with a paper explaining why it should be called the "behavior change" benchmark, citing the need to make the benchmark clearer by looking at it from a behavioral, instead of simply an IEC, perspective. This was later confirmed when the workplans that were initially submitted by the programs in fulfillment of the benchmark showed an inadequate understanding of what the benchmark really meant. This change in perspective was formally announced in a meeting on May 8 which was presided over by ASec Dayrit and attended by all the key players of the benchmark, including representatives from the research agencies involved. In this same meeting, it was decided that there should be a workshop on this benchmark, whose output would be the strategies to effect the key behavior changes called for by the benchmark. In preparation, six working groups were formed: five (5) small working groups, each one to prepare a program paper for the 5 key program behaviors identified by the benchmark, and one (1) Technical Working Group headed by ASec Dayrit to design the workshop. The workshop, held on July 29-31

at the DAP Tagaytay, produced key strategies for each of the behaviors that were identified by the workshop participants. Progress on these behaviors were documented in a report that was submitted in time for the Annual Benchmark Review in November. The operationalization of the strategies that were formulated in the July workshop will be the focus of another workshop set for early 1993.

5. Other DOH Programs

Contracting of advertising agencies, each for Tuberculosis, Malaria, Schistosomiasis, Environmental Health/Excreta Disposal, and Voluntary Blood Donation, started early in the year and was completed by the end of the second quarter. The only exception was the ad agency contract of TB with J. Romero & Associates which needed World Bank/Washington's formal approval. Despite this setback, and even while contracting was still in progress for the other programs, creative work and media planning proceeded out of goodwill. The development of integrated communications for all these programs continued until yearend. It is worthwhile noting that the continued interest of these programs in IEC/social marketing, despite the setbacks encountered, signified their appreciation and adoption of social marketing as a potent tool to accelerate demand for health services, and their acceptance of the value of collaborating with the private sector as an ally in their efforts to improve the health status of the people.

6. CSP Documentation

a. Individual Monographs

The shift in TAT focus from active involvement in DOH-CSP activities to solely documentation gained momentum in the last quarter of 1992, with the drafting of individual monographs and the conduct of discussions on what should go into the CSP video. In mid-December, this RA submitted to USAID an abstract on IEC/Social Marketing. The abstract was accepted as a good "instructional" monograph for the DOH/NGOs/Health Educators. However, USAID pointed out that what is needed is a monograph that would give key lessons learned from the Social Marketing experience of the DOH, which would be of interest to the donor/development community. This RA will develop another monograph for submission in January 1993.

b. CSP Video

Running on a parallel track with the monographs were the TAT discussions on the CSP Video's concept and key elements. A concept paper was drafted and submitted to USAID in mid-December together with the draft abstracts/monographs. USAID pointed out that the video should focus on the donor/development community, and not the LGUs, as its audience because the DOH-LGAMS is already taking care of marketing CSP and the other health

programs to the LGUs. This RA was tasked with the overall responsibility for the production of the video.

7. Special Projects

On-the-Air Health Reports/News

After obtaining the approval of the DOH Executive Committee, the contracting of Channel 13 as the carrying TV network for DOH Health News/Report-on-the-Air started in the first quarter, and was completed and signed off by then Health Secretary Periquet by the end of the second quarter. But even while funds were unavailable, shooting of footages and scripting started. During the second quarter, shooting had to be stopped because Channel 13 had incurred so much out-of-pocket costs already, and DOH funds were still unavailable. This was resolved by the third quarter when Channel 13 was finally able to get its long-awaited first payment, and was therefore able to air its first episode of the Health News. Prior to the airing of this first episode, though, an arrangement was made for Channel 13 to produce and air for free on primetime a 30-second spot by Health Secretary Flavio inviting TV viewers to watch the daily Health News. Until yearend, Channel 13 continued to produce and air in collaboration with DOH these 5-7 minute health tips in its Health News Report every 5:30 p.m. daily, covering child survival and non-child survival stories. This daily coverage will continue until August 1993.

Separately, negotiations with Channel 2 for its Bahay Kalinga show, and with MBC radio, were done. Scripting was done by Channel 2 in consultation with the DOH and this RA, and, by the fourth quarter, 3 episodes were completed. These episodes will be aired, one episode per month from October to December 1992. Nine more episodes will be produced and aired monthly over the period January to September 1993. With MBC radio, negotiations were on-going as the year ended.

8. Team Activities

a. TAT Planning

On January 30-31, the TAT met in Cavite to review its workplans for the six-month period October 1991 - March 1992, to take stock of what has happened/ is happening, and to draw up a new set of workplans for the next six-month period, April -September 1992. Ms. Moser of USAID/Manila was able to join the workshop on the second day. The TAT workplans were submitted to the DOH and USAID soon after.

b. Benchmark Planning/ Updates/ Reviews

On March 5, the key CSP players of the DOH, USAID and the TAT met to plan out how the ten (10) performance benchmarks for the year can be met, drawing lessons from the 1991 benchmarks. Also, progress on the 9 end-of-program service delivery targets was reviewed, and the major recommendations of the CSP midterm evaluation team were discussed.

At regular intervals prior to submission, DOH-PCU, USAID and the TAT met as a group to review progress on the 1992 benchmarks, discuss issues and formulate strategies to resolve these issues. Finally, the Annual CSP Performance Benchmark Review for 1992 was held on November 4, 1992 where USAID formally announced that all the ten (10) performance benchmarks have been met by the DOH and that USAID/Manila will now make a formal recommendation to USAID/Washington to release the corresponding tranche to the Philippine government.

c. Search for Decentralization Consultant

As requested by the DOH, the TAT initiated in May an active search of candidates for this post. The TAT drew up in consultation with the Office of Public Health Service (OPHS) a proposed Scope of Work and qualifications, conducted interviews and submitted its recommendation to OPHS and the Office of the Health Secretary for consideration. However, in July, USAID advised the TAT to discontinue its active involvement in this activity, and just focus its efforts on CSP Documentation.

d. CSP Retreat

In light of the implementation of the Local Government Code and the devolution of health functions to the local government units, the TAT met on May 29-30 in Cavite to review the current TAT workprogram and assess the prospects for CSP sustainability. This retreat was attended by key CSP officials both from the DOH and USAID, which included the former DOH Chief of Staff and CSP Program Director, the current DOH-OPHS Undersecretary Manuel Roxas, and USAID/OPHN's key CSP technical personnel.

e. Flieger Symposium

On April 23, the TAT held a symposium to present the results of the Cebu Child Survival Study. The key presentors were Dr. Stan Becker of JHU and Fr. Bill Flieger of the San Carlos University's Office of Population Studies. This study was designed to assess changes, since its baseline survey in 1988, in the use of primary care services and to measure the impact of ORT and EPI programs on morbidity and mortality among children under 2 years of age. The participants included the eminent Dr. Fe V. del Mundo of the Children's Medical Center of the Philippines, and key officials of the Phil. Pediatric Society, Phil. Council for Health Research and Development, Association of Phil. Medical

Colleges, Phil. General Hospital's Clinical Epidemiology Unit and the RITM. USAID and key staff from the DOH programs and support services also participated.

9. Diffusion Activity

AED RA Conference

At the invitation of AED, this RA participated in their RA Conference on March 30 - April 3 in Washington, D.C. The discussions centered on country reviews with emphasis on accomplishments and issues. This RA was also part of that conference's Technical Advisory Group that met on April 3 and took up technical issues confronting Child Survival Communication projects.

II. ISSUES/CONSTRAINTS AND SOLUTIONS TO THESE CONSTRAINTS

1. CDD Phase II National Campaign

Prolonged unavailability of funds hounded the campaign throughout the entire year. As a result, the launching of Phase II never happened even as the year came to a close. The protracted delay in the launching (until the year ended) meant that the campaign's impact may now be a little more difficult to read given the widening gap between Phase I (Dehydration) and Phases II and III (Rehydrator). There would also have to be a renegotiation of the research contract with Frank Small which had been contracted since 1991 to do the 1992 KAP. As it is, the campaign received a "double whammy", i.e., the ad agency contract was still unsigned as the year ended because of issues raised by DOH officials, and to top it off, KBP decided to suspend the DOH account with broadcast media due to non-payment of media bills.

Besides the funds lack and the usual problems with inadequate logistics service, there was one other issue that had far-reaching implications, and that was the Generic Law implementation guideline on "multiple ingredients" which impacts on the use of the Oresol brand name for the ORS being promoted by the DOH. Changing the ORS name to its generic equivalent would entail revising all the packet labels and communication materials where Oresol is mentioned. There would also be a need to review the research agenda to factor-in this development. Needless to say, additional funds were needed for all these, but none were provided for in the CDD Program's budget.

By far, the most exasperating constraint encountered were the concerns raised about the ad agency contract. There was an urgent need to contract Well Advertising to do follow-on work, but the contracting process got caught up with the changes in administration. The previous Health Secretary had approved the contract but he left the DOH to run for the Senate. The former Undersecretary who replaced him asked a few questions and, by the time these questions were satisfactorily answered, a new Secretary was appointed to take his place. To the DOH Management Committee

headed by the new Secretary, issues were raised on the legality of this follow-on contract and on the validity of the selection process. The year ended with PIHES resolving to review these issues with the DOH Legal Service, and Internal Audit. They will likewise be seeking the opinion of the newly-created DOH Prequalification, Evaluation and Awards Committee (PEVAC).

2. KBP's Suspension of DOH

From January to May this year, the media bills for the October - December 1991 media placements came in and were subsequently processed but were never paid due to lack of funds. *N.B. DOH was able to pay all the 1991 bills that they received until December 31, 1991. After this date, DOH had to remit to the National Treasury all leftover 1991 moneys, following government auditing rules. After this and by the first quarter of 1992, the Department of Budget and Management (DBM) was supposed to give back to DOH all their unspent funds originally allocated for 1991. This did not and still has not happened as 1992 was ending.* In late May, due to the non-payment by the DOH of its overdue accountabilities which had run up to ₱ 19,112,671.13, some of which were aging beyond 120 days as of April 30, KBP gave the DOH a formal notice of suspension as well as a 2% surcharge per month on the outstanding balance.

To resolve this issue, the Assistant Secretary in charge of PIHES proposed the use of part of 1992 funds to settle 1991 debts, but DOH Accounting objected so the Undersecretary for Finance and Management Service had to intervene. By the time the dust had settled, however, even the available 1992 money which could have been used to service these debts had run out. So these 1991 debts remained unpaid. While all these were happening, this RA exerted all efforts to maintain goodwill with KBP on behalf of DOH and to forestall any negative publicity that this incident could generate. Finally, to settle this issue, the Office of the Health Secretary stepped in and enjoined all concerned in the DOH to ensure that payments are made by the time that the National Immunization Days initiative is launched in early 1993.

3. WB Contracting Rules

The ad agency contract for TB, which costs more than \$ 200,000, was snagged by the failure of DOH to first secure World Bank clearance before the contract was formally signed off. The initial expectation that WB/Washington clearance was forthcoming after the WB Mission has given its verbal approval, proved unfounded. It was later gathered that WB/Washington was all along awaiting formal communication from the DOH on this subject, which it never received. At the sidelines, this RA was approached for possible assistance on this matter by the President of the ad agency concerned, J. Romero and Associates, who had proceeded to do creative and production work on the strength of DOH approval of the contract, unaware of the need for WB approval. As the year ended, JR&A was still unpaid.

IV. WHAT LIES AHEAD/ PLANS

1. CSP Documentation

- a. Concentrate on completing the monograph on IEC/Social Marketing, for printing, reproduction and dissemination by July.
- b. In conjunction with AED, take the lead in all activities relevant to the development and production of the CSP Video, and ensure that the end product is approved by the DOH and USAID, and turned in by July.

2. Communication Campaigns

- a. Ensure that all efforts are exerted to resolve the contracting, payments and logistical issues that continue to confront the DOH communication campaigns.
- b. Ensure that PIHES continues to be given full support on the communication requirements of the National Immunization Days initiative and of the other programs.

3. Mother-Child Paradigm

Provide support and assistance to PIHES and the programs in the design and conduct of the workshop that will "operationalize" the Mother-Child Paradigm Strategy.

4. MICACS

Ensure that all efforts are exerted and that funds are made available to have the MICACS, including the contracting of the artist and the researcher, completed, pretested and finalized by July.

5. Institutionalization

Ensure that the issues of strengthening PIHES' capability and of providing them with full support in their role as communication managers are raised to DOH management. This assumes a degree of urgency in light of recent personnel movements and organizational changes that have left PIHES with a "shallow bench" which, in turn, threaten the gains obtained by the DOH from the past communication campaigns, and do not bode well for future IEC/social marketing initiatives on health.

ADMINISTRATIVE REPORT

In February 1992, the SGV & Co. subcontract with Management Sciences for Health (MSH) for the financial and administrative management of the Child Survival Program (CSP) was transferred to Andersen Consulting (AC). All the terms and conditions of the original subcontract with SGV & Co. hold.

The following pages summarize AC's accomplishments in 1992 towards the fulfillment of the above subcontract in the areas of:

- management of local resources,
- financial management of the local currency component, and
- general office supervision.

I. MANAGEMENT OF LOCAL RESOURCES

A. Local Office Staff

The across-the-board increases in the salaries of the CSP local office staff were implemented retroactive to March 8, 1992 upon receipt of approvals for said increases from MSH and the Contract Service Office of the United States Agency for International Development.

Merit increases were given to the local office staff following the evaluation of their performance on their anniversary dates.

B. Local Short-term Consultants

Local short-term consultants were tapped by the CSP-Technical Assistance Team in 1992.

- Rhais M. Gamboa

Mr. Gamboa was contracted for seven days to be a member of the team tasked to conduct an assessment of the Field Epidemiology Training Program (FETP) component of the Primary Health Care Financing Project. His assistance in this project covered: (a) a review of relevant documents and conduct of key informant interviews to generate data which served as input in the evaluation of the FETP and (b) the preparation of a report assessing the role of FETP in serving the Department of Health (DOH) and the extent and requirements of its institutionalization within the DOH.

In another project, Mr. Gamboa was tapped to prepared the Logistics Action Plan which will provide a systematic framework to improve the availability of essential supplies for the various public health programs of DOH. His scope of work entailed the conduct of key informant interviews, at the DOH (public health program managers;

budget, procurement, and logistics officials; and foreign assisted coordination services officials) and review of relevant documents at the Central Office.

- **Milagros Silva**

Ms. Silva assisted Mr. Gamboa in the financial aspect of the Logistics Action Plan. Her work entailed the compilation and analysis of data on available resources for logistics gathered through desk research and conduct of selected interviews of key officials of the DOH and major foreign donor agencies.

- **Ms. Beulah P. Taguiwalo**

Ms. Taguiwalo provided technical assistance in the preparation of the following: the draft of the Area Program-Based Planning Manual, the CSP Monograph No. 1 on Implementing the Philippine Child Survival Strategy, the Health Finance Development Project Monograph No. 1 on Toward Health Policy Development in the Philippines and No. 2 on Health Sector Financing in the Philippines.

C. Participant Training and Analytical Studies and Workshops

- **Western Mindanao State University**

Western Mindanao State University was contracted to provide the services of Mrs. Leticia Cruz and Ms. Miladel Ho as facilitators for the focus group discussions (FGDs) in connection with the Integrated Supervisory Checklist Project. The objectives of the FGDs were to gather qualitative information on the attitudes of midwives and supervisors to the conduct of supervision and to assist in the evaluation of the checklist that has been implemented by the DOH. CSP-TA resources were also utilized in the printing of the Health Facility and Supervisory Checklist Manuals.

- **Presentation of Paper on Area Program-Based Planning**

The CSP-TA provided funding for Dr. Wilfredo Asoy's round-trip airline ticket to the United States where he attended the National Council on International Health Conference. Dr. Asoy presented his paper "Decentralized Health Planning in the Philippines: A New Approach" which highlighted the DOH experience in area program-based planning.

- **Kabalikat ng Pamilyang Pilipino Foundation, Inc.**

Kabalikat was tapped to assist the DOH in the preparation of the Implementation Guidelines/Briefer for Local Government Officials and Operations Manual for Public Health and Hospital Services for the use of local government officials.

- **Andersen Consulting**

Andersen Consulting conducted a study on the evaluation of the Philippine Medical Care Commission/Health Maintenance Organization (PMCC-HMO) tie-up, taking into consideration the benefits and costs of the major stakeholders in the project (participating HMOs, the Social Security System, and the Government Service Insurance System). The results of the study served as input to the PMCC in its decision on whether or not the tie-up project should be expanded and/or made permanent.

- **Finalization of the Area Program-Based Health Planning Manual**

Ms. Beulah P. Taguiwalo completed the final editing and layout of the Area Program-Based Health Planning Manual following comments from the Internal Planning Service as the CSP.

- **Dr. Mariquita J. Mantala**

Dr. Mantala finished her work in April 1992 as consultant and liaison between the DOH-Program Coordinating Unit and the CSP in connection with the conduct of the health care financing benchmark studies.

- **Workshops**

CSP-TA participated in and/or funded the following workshops:

| WORKSHOP | DATE | VENUE |
|--|-------------------|-----------------------------------|
| FHSIS Workshop on Monitoring | Jan. 10, 1992 | Manila Pavilion |
| CSP 1992 Strategic Planning Workshop | Jan. 30-31, 1992 | Ternate, Cavite |
| PMCC-HMO Tie-up Project Evaluation Consultative Workshop | February 26, 1992 | Department of Tourism |
| CSP Benchmark Review | March 5, 1992 | Dev't. Academy of the Philippines |

| WORKSHOP | DATE | VENUE |
|---|------------------|-------------------------------------|
| Sustainability of the Child Survival Program vis-a-vis Decentralization Workshop | May 29-30, 1992 | Ternate, Cavite |
| FHSIS Workshop (Streamlining FHSIS Operations and Design of the FHSIS System Back-up) | June 2-3, 1992 | Manila Pavilion |
| Behavior Change Benchmark Meeting | June 15, 1992 | FETP, DOH |
| Behavior Change Strategic Planning Workshop | July 29-31, 1992 | Dev't. Academy of the Philippines |
| 1992 CSP Performance Benchmarks Meeting | August 21, 1992 | Nutrition Center of the Philippines |
| Annual Review of the 1992 CSP Performance Benchmarks | November 4, 1992 | Manila Midtown Hotel |

II. FINANCIAL MANAGEMENT

A. Andersen Consulting Local Bank Account

With the subcontract for the CSP taken over by AC, a non-interest bearing peso current account in the name of AC was opened in May 1992. As in the SGV account, the AC account will be used solely for the transactions of the CSP.

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

B. SGV Local Bank Account

The SGV (ITF: The Child Survival Program) account was closed in July 1992 with the balance of about ₱375,000.00 transferred to the AC account.

C. AC Subcontract Budget Realignment

Following the transfer of the Health Care Financing Advisor to the Health Finance Development Project, effective August 1992 - AC subcontract budget was revised. The Health Care Financing Advisor's estimated fee for the remaining life of the project in the amount of about US\$70,000.00 was transferred to Participant Training and Analytical Research.

For the other subcontract budget line items, estimates were revised based on latest available data on actual expenses.

The proposed AC subcontract budget was submitted for approval to MSH in August 1992.

D. Financial Reporting

AC prepared and submitted monthly to MSH the Accounting Package consisting of the following documents:

- Top Sheet (summary of expenditure for the month and todate)
- Estimate of Monthly Financial Requirements
- Bank Statement
- Account Reconciliation Form
- Check Book Register Form
- Deposit Register Form
- Field Expense Summary
- Time Sheets of Dr. Steven L. Solter, Mr. Manuel O. Sta. Maria, and Dr. Benjamin P. Loevinsohn
- Report on Advance Account
- Report on Petty Cash Account
- Accounts Payable Vouchers, and
- Summary of Remittances and Expenditures for Revolving Fund.

III. GENERAL OFFICE SUPERVISION

A. Equipment and Furniture Inventory Report

The Inventory Report, which keeps track of equipment and furniture purchased for the CSP-TA using program funds, is updated and submitted quarterly to MSH. The latest Inventory Report is attached herewith.

B. Communications

Internal communications is coordinated through the Office Manager.

Domestic communications have improved with the program's lease of a cellular phone and access of the telephone facilities at Health Intelligence Service, Internal Planning Service, and Community Health Service.

International communications is made possible through the Office of the Secretary, and Dr. Solter's telephone and facsimile equipment.

FINANCIAL REPORT

ANNUAL FINANCIAL REPORT
 PHILIPPINES CHILD SURVIVAL PROJECT
 PERIOD ENDING DECEMBER 31, 1992

| AO550 | CONTRACT BUDGET | EXPENDITURES TO DATE FROM INCEPTION 1/ | BALANCE REMAINING | PERCENTAGE OF BUDGET REMAINING | EXPENSE MONTHS REMAINING | AVE. EXP./ MONTH FOR LIFE OF PROJ. (38 MOS.) | AVE. EXP./ MO. SINCE INCEPTION JUNE 1, 1990 | AVE. EXP./ MO. BASED ON MONTHS REMAINING |
|--|-----------------|--|-------------------|--------------------------------|--------------------------|--|---|--|
| 1. SALARIES | \$641,726.00 | \$535,054.80 | \$106,671.20 | 16.6% | 7.5 | \$16,887.53 | \$17,542.78 | \$14,222.83 |
| 2. OVERHEAD | \$532,329.00 | \$432,992.30 | \$99,336.70 | 18.7% | 7.5 | \$14,008.66 | \$14,196.47 | \$13,244.89 |
| 3. CONSULTANTS | \$37,892.00 | \$16,590.28 | \$21,301.72 | 56.2% | 7.0 | \$997.16 | \$535.17 | \$3,043.10 |
| 4. TRAVEL & TRANSPORT | \$225,813.00 | \$86,984.02 | \$138,828.98 | 61.5% | 7.0 | \$5,942.45 | \$2,805.94 | \$19,832.71 |
| 5. ALLOWANCES | \$237,395.00 | \$141,209.74 2/ | \$96,185.26 | 40.5% | 7.5 | \$6,247.24 | \$4,629.83 | \$12,824.70 |
| 6. SUBCONTRACTS | | | | | | | | |
| AED | \$460,006.00 | \$284,243.10 | \$175,762.90 | 38.2% | 9.0 | \$12,105.42 | \$10,151.54 | \$19,529.21 |
| AC | \$792,989.00 | \$619,561.89 | \$173,427.11 | 21.9% | 9.0 | \$20,868.13 | \$21,364.20 | \$19,269.68 |
| 7. PARTICIPANT TRNG. & RES. STUDIES FUND | \$330,000.00 | \$0.00 | \$330,000.00 | 100.0% | 7.0 | \$8,684.21 | \$0.00 | \$47,142.86 |
| 8. OTHER DIRECT COSTS | \$72,480.00 | \$104,903.26 | (\$32,423.26) | -44.7% | 7.0 | \$1,907.37 | \$3,383.98 | (\$4,631.89) |
| TOTAL COST | \$3,330,630.00 | \$2,221,539.39 | \$1,109,090.61 | 33.3% | 7.0 | \$87,648.16 | \$74,609.90 | \$144,477.80 |
| FIXED FEE | \$35,000.00 | \$26,881.44 | \$8,118.56 | 23.2% | 7.0 | \$921.05 | \$867.14 | \$1,159.79 |
| TOTAL COST PLU FIXED FEE | \$3,365,630.00 | \$2,248,420.83 | \$1,117,209.17 | 33.2% | 7.0 | \$88,569.21 | \$72,529.70 | \$159,601.31 |

1/ ASSUMES EXPENDITURES BEGAN 6/90

2/ SOLTER HOUSING PAID AS LUMP SUM

INVENTORY REPORT

PERMANENT INVENTORY RECORD

As of December 31, 1992

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No.if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|---------------------|-----------|---|-----------|---------|--|-----------------------------|---------------------------|--------------------|
| | | | P | \$ | | | | |
| A. EQUIPMENT | | | | | | | | |
| 0008 | 310007 | IBM Electric Typewriter -Electronic Personal Wheelwriter; Model 6781,SN0220936 | 24,500.00 | 931.90 | ET-092690-01 | Office Manager | W | L. Maling |
| 0031 | 310028 | Refrigerator -GE, 5 cu. ft. SN1051164 | 6,405.00 | 259.31 | REF-112690-01 | Pantry | W | L. Maling |
| 0019 | 310016 | Filing Cabinet -4 drawers - 3 pcs. P2,475 each + P250.00 change of color | 8,175.00 | 330.97 | FC-101690-01 FC-101690-02 FC-101690-03 | Secretarial Area | NW W W | L. Maling |
| | | COMPAQ LTE286-Laptop Computer SN#6039HAF40051 | | 4159.56 | LC-010991-01 | Technical Manager | W | T. Sabella |
| | | SN#6038MAF40622 | | 4033.76 | LC-010991-02 | Resident Advisor | W | B. Loevinsohn |
| | | SN#6038MAF40615 | | 4033.76 | LC-010991-03 | Resident Advisor | W | M. Sta Maria |
| | | SN#6039HAF40969 | | 4159.56 | LC-011391-04 | Resident Advisor | W (Procured in USA) | J. Hernandez |
| 0113 | 044757 | Aiphone Master Intercom -w/ three substations | 2,662.00 | 95.08 | IC-011191-01 | CSP Office | W | L. Maling |
| | | | 495.00 | 17.68 | IC-011191-02 | HIS Office | W | -do- |
| | | | 495.00 | 17.68 | IC-011191-03 | IPS Office | W | -do- |
| 0191 | 193023 | | 728.20 | 25.78 | IC-031391-04 | CHS Office | W | -do- |

* W - Working

NW - Not Working

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No.if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|--------------|------------------|---|------------|----------|---------------|-----------------------------|----------|--------------------|
| | | | P | \$ | | | | |
| 0140 0163 | 044783 193001 | Alenair Split Type Aircon -1.5 TR floor mounted (FCU SN11109047,model ASI. 5SF; ACCU SN10578919- model ACI.5HA) | 40,680.00 | 1,446.43 | AC-020591-01 | CSP Office | W | L. Maling |
| 0145 | 044786 | U-BIX Copying Machine -Model 2502MR; SN9441182 (w/ 8 1/2 x 11, 8 1/2 x 14, 11 x 17 cassettes, del.tray, working table & pedestal w/transformer | 65,000.00 | 2,321.43 | CM-020591-01 | CSP Office | W | L. Maling |
| 0026 | 193054 | Sony Micro Cassette Recorder M-440V- | 1,300.00 | 46.02 | MCR-031291-01 | Resident Advisor | W | B. Loevinsohn |
| 0921 | 255960 | Sony Micro Cassette Recorder TCM-81-SN#125339 | 1,300.00 | 51.22 | MCR-071292-02 | CSP Office | W | L. Maling |
| 0152 | 044791 | Club Computer (AT Model333) -4MB RAM,80386 Micropro. -33 MHZ,64KB,Cache Memory -1 x 80MB Fixed-Disk- 658609/9102-634 -Colorgraphics Card 905954 -1.44MB Disk Drive(3.5") 5944027/9015655 -1.2MB Disk Drive (5 1/4") 8868996 -FD & HD Adapter-10160445 -AT I/O-0208411 -Enhanced Keyboard;0122932 9012787 | 149,489.00 | 5,338.89 | CC-022691-01 | Secretarial Area | W | L. Maling |
| | | Color Monitor(Philips-14") -SN009103003883 | 9,786.00 | 349.50 | CM-022691-03 | Secretarial Area | W | L. Maling |
| | | -AVR 500watts SN90-15079 | 3,572.00 | 127.57 | AVR-022691-04 | Secretarial Area | W | L. Maling |
| | | | | | EH-022691-02 | Secretarial Area | W | L. Maling |

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No.if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|---------------|-----------|--|-----------|----------|---------------|-----------------------------|---------------------------|--------------------|
| | | | P | \$ | | | | |
| | | Printer Cable -SN9101-599 | | | PCPC-022691-0 | Secretarial Area | W | L. Maling |
| | | Okidata Microline 391 Plus (SN912A0010011) | | 825.00 | CP-030191-01 | Secretarial Area | W (Procured in USA) | L. Maling |
| | | HP Jet Series III Printer (SN3048A35832) | | 2,100.00 | LP-081991-06 | Secretarial Area | W (Procured in USA) | L. Maling |
| 0256 | 193089 | Standard Electric Fan-SN9281161 | | | | | | |
| | | -Stand Fan | 1,160.00 | 41.43 | EF-041691-01 | RAs Area | W | L. Maling |
| | | -Wall Fan | 990.00 | 35.36 | EF-041691-02 | Secretarial Area | W | L. Maling |
| B. Vehicle | | Jeep Cherokee (211) | | | | | | |
| | | Jeep Cherokee (212) | - | 40,502. | JC-0591-01 | - | W | W. Caldino |
| | | | | | JC-0591-02 | - | (Procured in USA) | A. de Taza |
| C. Furnitures | | | | | | | | |
| 0003 | 310002 | Executive Table | 11,200.00 | 453.44 | ET-101690-01 | Resident Advisor | W | S. Solter |
| 0012 | 310009 | -4 pcs. at P2,800.00 ea. | | | ET-101690-02 | Resident Advisor | W | B. Loevinsohn |
| | | | | | ET-101690-03 | Resident Advisor | W | M. Sta. Maria |
| | | | | | ET-101690-04 | Resident Advisor | W | J. Hernandez |
| 0123 | 044767 | Executive Table (Jr.) | 3,300.00 | 117.86 | ET-101690-05 | Office Manager | W | L. Maling |
| 0154 | 044793 | | | | | | | |
| 0123 | 044767 | Office Tables | 2,500.00 | 89.30 | JET-101690-06 | Technical Manager | W | T. Sabella |
| 0154 | 044793 | | 2,500.00 | 89.30 | JET-101690-07 | Secretary | W | L. Riazo |

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No.if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|--------------|------------------|---|-----------|--------|---------------|---------------------------------|----------|--------------------|
| | | | P | \$ | | | | |
| 0003 0012 | 310002 310009 | Secretary's Table -3 pcs. at 1,900.00 ea. | 5,700.00 | 230.77 | ST-020491-08 | Secretary | W | N. Magcalen |
| | | | | | ST-020491-10 | SGV Officer | W | C. Marin |
| | | | | | ST-020491-09 | Near Xerox machine | W | E. Samarro |
| 0003 0012 | 310002 310009 | Typing Table | 1,300.00 | 52.63 | TT-101690-01 | Office Manager | W | L. Maling |
| 0208 | 193037 | Printer Table | 980.00 | 34.69 | PT-032391-12 | Secretarial Area | W | L. Maling |
| 0003 0012 | 310002 310009 | Conference Table | 2,900.00 | 117.41 | CT-101690-13 | Secretarial Area | W | L. Maling |
| 0028 | 310025 | Conference Table Tinted w/ 4 Conference Chairs- (Sulhiya) | 3,200.00 | 129.55 | CT-102890-14 | HealthCom Office | W | L. Maling |
| | | | | | CC-102890-21 | | W | -do- |
| | | | | | CC-102890-22 | | W | -do- |
| | | | | | CC-102890-23 | | W | -do- |
| | | | | | CC-102890-24 | | W | -do- |
| 0210 | 193039 | Executive Table | 2,100.00 | 74.34 | ET-031391-15 | Office of the Chief of Staff | W | USec. J.G.Tan |
| 0003 0012 | 310002 310009 | Back Hanging Cabinet -5 pcs. at P2,500.00 ea. | 12,500.00 | 506.07 | BHC-101690-01 | Resident Advisor | W | S. Solter |
| | | | | | BHC-101690-02 | Resident Advisor | W | M. Sta. Maria |
| | | | | | BHC-101690-03 | Resident Advisor | W | J. Hernandez |
| | | | | | BHC-101690-04 | Office Manager | W | L. Maling |
| | | | | | BHC-101690-05 | Secretarial Area | W | L. Maling |

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No.if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|--------------|-------------------|--|-----------|--------|--------------|-----------------------------|----------|--------------------|
| | | | P | \$ | | | | |
| | | | | | CC-101690-10 | Conference Area | W | -do- |
| | | | | | CC-101690-11 | Conference Area | W | -do- |
| | | | | | CC-101690-12 | Conference Area | W | -do- |
| | | | | | CC-101690-13 | Conference Area | W | -do- |
| 0029 | 310026 | Executive Chairs -4 pcs. at P2,550.00 ea. | 10,200.00 | 412.96 | EC-110290-14 | HealthCom Office | NW | L. Maling |
| | | | | | EC-110290-15 | HealthCom Office | NW | L. Maling |
| | | | | | EC-110290-16 | Resident Advisor | W | S. Solter |
| | | | | | EC-110290-17 | Resident Advisor | W | J. Hernandez |
| 0123 0154 | 004767 004793 | Executive Chair | 2,800.00 | 100.00 | EC-020491-18 | Resident Advisor | W | B. Loevinsohn |
| 0123 0154 | 004767 004793 | Hanging Shelves -3 units at P2,400 each | 7,200.00 | 257.14 | HC-020491-06 | Resident Advisor | W | B. Loevinsohn |
| | | | | | HC-020491-07 | Technical Manager | W | T. Sabella |
| | | | | | HC-020491-08 | Office Manager | W | L. Maling |
| 0123 0154 | 004767/ 004793 | Clerical Revolving Chair -2 units at P1,500.00 ea. | 3,000.00 | 107.14 | CC-020491-19 | Technical Manager | W | T. Sabella |
| | | | | | CC-020491-20 | Office Manager | W | L. Maling |
| 0210 | 193039 | Visitor's Chair(Sulhiya) | 350.00 | 12.39 | VC-031391-25 | HealthCom Office | W | HealthCom Office |
| 0210 | 193039 | Visitor's Chair(Sulhiya) | 350.00 | 12.39 | VC-031391-26 | HealthCom Office | W | HealthCom Office |

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No. if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|--------------|------------------|---|-----------|----------|-----------------------|-----------------------------|----------|--------------------|
| | | | P | \$ | | | | |
| 0123 0154 | 004767 004793 | Hanging Cabinet (Repair) -3 units at P1,300.00 ea. | 3,900.00 | 139.29 | HC-020491-06 | Resident Advisor | W | B. Loevinsohn |
| | | | | | HC-020491-07 | Technical Manager | W | T. Sabella |
| | | | | | HC-020491-08 | Computer Area | W | L. Maling |
| 0210 | 193039 | Cabinet (Bookcase) | 1,700.00 | 60.18 | CBC-031391-09 | HealthCom Office | W | L. Maling |
| 0018 0030 | 310015 310027 | Pantry Cabinet -1 unit | 3,780.00 | 153.04 | PC-110190-10 | Secretarial Area | W | L. Maling |
| 0018 0030 | 310015 310027 | Modular Dividers -15 panels at P2,070.00 ea. | 31,050.00 | 1,257.09 | MD-110590-01 to 15 | CSP Office | W | L. Maling |
| 0123 0154 | 044767 044793 | Modular Dividers -4 panels at P3,000.00 eac. | 12,000.00 | 428.57 | MD-020491-16 to 19 | CSP Office | W | L. Maling |
| 0003 0012 | 310002 310009 | Secretary's Chair -3 pc. at P1,200.00 ea. | 3,600.00 | 145.75 | SC-101690-01 | Secretarial Area | W | L. Maling |
| | | | | | SC-101690-02 | Secretarial Area | W | -do- |
| | | | | | SC-101690-03 | Secretarial Area | W | -do- |
| 0003 0012 | 310002 310009 | Visitor's Chair -4 pcs. at P750.00 ea. | 3,000.00 | 121.46 | VC-101690-04 | HealthCom Office | W | L. Maling |
| | | | | | VC-101690-05 | Secretary | W | L. Riazio |
| | | | | | VC-101690-06 | SGV Officer | W | C. Marin |
| | | | | | VC-101690-07 | Secretary | W | N. Magcalen |
| 0003 0012 | 310002 310009 | Conference Chair -6 pcs. at 1,200.00 ea. | 7,200.00 | 291.50 | CC-101690-08 | Conference Area | W | L. Maling |
| | | | | | CC-101690-09 | Conference Area | W | -do- |

| VOUCHER | CHECK NO. | DESCRIPTION OF EQUIPMENT (w/ Serial No.if applicable) | AMOUNT | | PROPERTY NO. | PHYSICAL LOCATION/DISTRIB'N | REMARKS* | PERSON ACCOUNTABLE |
|---------|-----------|--|----------|--------|--------------|-----------------------------|----------|--------------------|
| | | | P | \$ | | | | |
| 0022 | 310019 | Mini-blinds (39 sq.ft) | 3,200.00 | 129.55 | MB-102290-01 | CSP Office | W | L. Maling |
| 0230 | 193056 | Computer Table | 3,000.00 | 106.19 | CT-040391-01 | CSP Office | W | L. Maling |