PD-ABG-172
83029

THE PHILIPPINE CHILD SURVIVAL PROGRAM
Project Number 492-0406

QUARTERLY PROGRESS REPORT
April - June 1992
(One volume Only)

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

TABLE OF CONTENTS

CHIEF OF PARTY 1

TECHNICAL REPORTS:

Plans and Programs 5

Health & Management Information Systems 8

Health Care Financing 13

IEC/Social Marketing 15

Programs & Evaluation 23

ADMINISTRATIVE REPORT 26

FINANCIAL REPORT 30

INVENTORY 32

CHIEF OF PARTY

I. ACCOMPLISHMENTS

1. Support of the DOH in its efforts to implement the Local Government Code (LGC) and to strengthen decentralization

The Technical Assistance Team (TAT) has worked closely during this quarter with the DOH regarding decentralization:

- Kabalikat was subcontracted to provide technical assistance to the Task Force on Devolution (chaired by the DOH Undersecretary for Public Health Services, Manuel G. Roxas) in its development of manuals and guidelines critical for the devolution effort. This TA included technical writing and editing.

- TAT members participated actively in a National Staff Meeting at RITM (June 3-5) focused exclusively on decentralization.

2. Support for the DOH in transition activities (Transition to a new DOH administration)

The TAT, at the request of Secretary Periquet and Assistant Secretary Reodica, assisted with the editing and publication of the DOH's official transition document (a 100+ page summary prepared for the incoming Secretary of Health, based upon guidelines from Malacanang).

The TAT also assisted the DOH in other transition activities including support for the various task forces assigned to facilitate the transition process.

3. Development of Scope of Work (SOW) for new Decentralization Advisor

The TAT implemented a process, in close coordination with the DOH, to determine the SOW for a new decentralization advisor. The process involved discussions with the Public Health Services Undersecretary (chief of the Task Force on Devolution) and other DOH officials, with frequent feedback, so that a consensus SOW was achieved.

4. TAT "Retreat" May 29-30 to make sure the TAT was responding appropriately to the main concerns of the DOH

This retreat, attended by Undersecretary M. Roxas, former Undersecretary and Chief of Staff M. Taguiwalo, USAID's Dr. Capul and Ms. Moser, and the TAT, was very useful in that the major issues concerning the DOH (especially decentralization) were thoroughly discussed and the role of the TAT in supporting the DOH made clear. The role of USAID in facilitating this process was also clarified.

5. Developing a Strategy to Improve Logistics within the DOH

During this quarter the TAT collaborated closely with the DOH to determine how logistics could be improved. A "Logistics Concept Paper" was written by this Advisor and distributed to DOH officials (including Undersecretary Roxas). A high-level Logistics Committee, facilitated by the CSP RA for Programs and Evaluation (Dr. Loevinsohn), was established. Technical assistance provided by Mr. Gamboa and Ms. Silva, enabled the committee to identify the major logistics problems and the areas that need additional technical assistance.

6. Completion of Annual Report, Quarterly Report (Jan-March 1992) and Six-Month Workplan (April-Sept. 1992)

The TAT completed these three reports during the quarter and distributed copies of these to DOH and to USAID.

7. 1992 Benchmark Update (April 27, 1992)

A benchmark review was held on April 27, 1992 at which time the 10 performance benchmarks for 1992 were discussed and problems (actual and potential) were identified. On the whole the benchmarks appeared to be well on the road to completion and documentation. The PCU provided updates and full accounts of the status of each benchmark.

8. Finalization with USAID of the terms of Amendment III of MSH's contract

Following discussions with USAID/OPHN and USAID/OCS, a consensus was achieved regarding what aspects of MSH's contract with AID needed amending. These included the phasing out of the Health Finance component and adding a new advisor for decentralization. It was understood that no new money would be added to the contract.

9. Liaison with and support for the Data for Decision-Making (DDM) team that visited Manila during June 1992

The TAT's five members exactly corresponded (in terms of areas of expertise) with the five DDM team members (Epidemiology, Health Planning, Health Finance, Information Systems, and IEC/Social Marketing). The TAT worked closely with the DDM team during their visit to ensure that their proposed country workplan was feasible, made technical sense, and fit in with ongoing priorities of the DOH.

10. Support to the visit of Dr. Asoy to the NCIH Annual Conference in Washington, D.C. during June 1992

Dr. Asoy visited the NCIH Conference in Washington D.C. and presented a paper on Area Program Based Health Planning. Dr. Asoy's visit was paid for with MSH Contract funds.

11. Sponsorship and facilitation of CSP Symposium on Cebu Child Survival Study

Sponsored and facilitated CSP Symposium on April 23 where Dr. Stan Becker from Johns Hopkins and Fr. Flieger of San Carlos University presented data on the Cebu Child Survival Study.

II. ISSUES/CONSTRAINTS

1. Uncertainty regarding implementation of the Local Government Code was an important constraint during this quarter. Because of the uncertainty the TAT (and the DOH) had difficulty determining the most rational allocation of scarce health resources for the year ahead.

2. Uncertainty regarding the new administration (and whether there would be a new Secretary of Health on July 1, 1992) was also a constraint, since there was reluctance to plunge ahead with new initiatives at a time when a Secretary of Health might appear with a new and different set of priorities.

3. The run-up to the Philippine election of May 11, 1992 caused certain constraints (such as limitations on travel to the provinces). Also, during the election period, the attention of many health officials was diverted.

III. STRATEGY TO OVERCOME THE CONSTRAINTS

The main strategy was to let events run their course and to be as flexible as possible regardless of the outcome. By quarter's end (June 30, 1992) the Philippines had a new President (Fidel Ramos) and a new Health Secretary (Juan Flavier). The TAT was optimistic that it would be able to work closely and productively with the new administration.

IV. ISSUES TO BE ADDRESSED IN THE NEXT QUARTER (July-September 1992)

1. The major issue to be addressed in the next quarter will be to make certain that the TAT is responsive to he needs of the new Secretary of Health.

2. Bringing on board a new "Decentralization Consultant".

3. Moving ahead with technical assistance in the area of logistics.

4. Amending MSH's contract with USAID.

5. Continuing the Child Survival Forum, Lecture Series, Monograph Series and other efforts to strengthen Child Survival.

6. Continuing work on achieving the 1992 Performance Benchmarks and the 1993 Service Delivery Targets.

7. "Selling" Child Survival to local government officials.

TECHNICAL REPORTS

PLANS AND PROGRAMS

I. ACCOMPLISHMENTS

1. Progress towards achieving the six Planning Benchmarks for 1992

By quarter's end, five of the six health planning benchmarks were achieved but adequate documentation was still lacking, as was a justification of the importance of the benchmarks given the Local Government Code. The completed benchmarks included submission of 75 "quality" provincial plans, negotiation of provincial targets for the 1993 Service Delivery indicators and certification by 75 provinces of inclusion of non-DOH governmental organizations in their health planning process.

2. Collaboration with Key Child Survival programs in developing their long-term behavorial change objectives

During this quarter, this Advisor worked with the RA for IEC/Social Marketing, PIHES, PCU, and program managers to plan how the five programs (CDD, EPI, ARI, Breastfeeding, and FP) will develop long-term behavior change objectives and implement a strategy to achieve those objectives.

3. Assistance to FETP trainees in developing their research proposals and carrying them out

This Advisor worked closely with FETP trainees in developing their long-term research projects. Topics included the potency/efficacy of tetanus toxoid vaccine, smoking behavior among high school students, water purification following a disaster by using chlorine granules at home (a study of its effectiveness), and Injury Surveillance at Jose Reyes Hospital. In addition, this Advisor attended and participated in FETP seminars, discussions, etc.

4. Assistance in the development of a research protocol and research strategy for the Internal Planning Service (IPS)

This Advisor helped developed a research protocol and research strategy for the Internal Planning Service (IPS) regarding improved use of the Area Program-Based Planning approach at the local level following devolution. In collaboration with the UP College of Public Health and IPS, this Advisor assisted in thinking through what sort of operations research study was needed and how it might be carried out.

5. Participation in a National Conference on Essential National Health Research (ENHR)

This Advisor participated in a National Conference on Essential National Health Research (ENHR) held at RITM in April. This conference, held under the supervision of Health Undersecretary T. Maramba, aimed at launching the Philippines' ENHR, would help stimulate and prioritize and seek funding for health-related research in the country.

6. Visit to Tacloban in Region 8 to provide technical assistance to health planners

This Advisor visited Tacloban (Region 8) to provide technical assistance to health planners in the region especially regarding their 1992 Area Program-Based Health Plans. This visit, which occurred May 19-21, 1992, was successful in that the four (4) provinces of Region 8 who had submitted "below quality" health plans were able to revise their plans successfully to meet the "quality" criteria. This Advisor was accompanied by a team of planners from IPS.

7. Participation in a series of four (4) workshops during June 1992 at which Regional and Provincial health managers from all 75 provinces and 14 regions were in attendance.

At these workshops, the purpose of which was to provide an update on Area Program-Based health planning, this Advisor facilitated a process in which provincial participants negotiated their nine (9) service delivery targets for 1993 with program managers from the Maternal and Child Health (MCH) Service and the Family Planning (FP) Service. In addition, provincial and regional participants presented creative/innovative approaches to actually achieving their 1993 service delivery targets.

II. ISSUES/CONSTRAINTS

1. The most important constraint for the Internal Planning Service that became evident this quarter was the fact that provincial or municipality-based health planners and health managers will no longer be required to submit health plans to the DOH once devolution has been completed. This means that the IPS needs to develop an approach to health planning which convinces local health staff that it is in their best interest to go through the planning process.

2. The FETP, now that it has become institutionalized within the HIS, needs to determine what role it can play not only to achieve FETP's main objectives but also to strengthen the capacity of HIS as a whole to effectively manage and use information for the benefit of decision-makers throughout the system.

3. With the taking office of a new administration (and a new Secretary of Health) on July 01, 1992, there will be a number of new challenges to face for IPS, FETP, HIS and the other units of the DOH. Initially, the appropriate response will be flexibility in meeting the needs and priorities of the new Secretary.

III. STRATEGY TO OVERCOME THE CONSTRAINTS

1. Area Program-Based Health Planning as a methodology and as an approach, has been very successful in the Philippines as a means of involving midwives and other local health staff in the planning process and as a means of alerting health staff at all levels to the importance of using local data to determine which geographical

areas (barangay) and which programs need additional resources to increase their impact. This approach, however, is very time-consuming and may not be continued in its present form by all provinces and municipalities once the submission of health plans is put on a voluntary basis. The IPS is implementing an operations research study, with the collaboration of the UP College of Public Health, to determine how this approach can still be used effectively on a voluntary basis. Only if health staff see "what's in it for them" will APBHP continue. There is in fact, a lot "in it for them" but this has to be communicated clearly and effectively at all levels. This is what IPS plans to do.

2. The FETP has received a great deal of support from the previous administration (Sec. Bengzon and Sec. Periquet) and, hopefully, this support will continue with the administration under Sec. Flavier. The new Secretary, however, will need time to sort out his priorities concerning managing information and dealing with outbreaks, surveillance, and disaster. The best strategy for the FETP is to continue doing its job as it has always done, and remain flexible.

IV. ISSUES TO BE ADDRESSED IN THE NEXT QUARTER (July-September 1992)

1. Completion of the six (6) planning benchmarks including full documentation as well as a "companion piece" for each benchmark which would explain the likely importance or effectiveness of each benchmark during 1993 given the changed circumstances under the Local Government Code.

2. The Operations Research Study (with UP College of Public Health) will be operational.

3. The FETP's role within HIS and HIS's role within the DOH will need to be resolved.

4. This (Plans/Programs) Advisor will need to determine the DOH's priority needs in the next quarter and focus his efforts accordingly.

HEALTH & MANAGEMENT INFORMATION SYSTEMS

I. MANAGEMENT OF TAT PROGRAM ACTIVITIES
(In support of the TAT Chief of Party)

A. Accomplishments

1. Planning/Preparation for 1992 Benchmarks

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

2. Understanding the DOH response to the Local Government Code

Together with the rest of the team, the Advisor sought advice and direction on the DOH activities in response to the implementation of the Local Government Code. Some of the accomplishments in this area were the numerous dialogues undertaken with Undersecretary Roxas, former Undersecretary Taguiwalo, and Regional Directors; part-icipation in the National Staff Meeting to get a sense of the national feel; and the attempt to draft an organiza-tional structure for the devolved DOH. The team even had a retreat devoted to the planning of TAT involvement in the LGC implementation and the incoming administration.

3. Recruitment of the Decentralization Advisor

The Advisor assisted the team in identifying and screening a Decentralization Advisor. The Decentral-ization Advisor is a TAT commitment to the DOH.

4. Assistance to the Data for Decision-Making Team

The Advisor provided technical assistance to the DDM Team who came to Manila for a situation assessment. He did so as part of the TAT and as an individual advisor engaged in the field of information systems.

5. Assistance to the Presentation to USAID Official

Together with the TAT, the Advisor provided inputs for the materials used in the presentation to the visiting USAID official.

6. Assistance to the TAT in the holding of the CSP Symposium.

B. Program Management Concerns of TAT for next Quarter

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

- Monitoring of benchmark accomplishments and assistance in the drafting of the required benchmark documentation
- Polishing of TAT contract to include new requirements, e.g., Decentralization Advisor, among other things
- Putting on board the Decentralization Advisor and the Logistics Advisor
- Preparation of strategies for actually promoting CSP among local government units
- Provide support to the Office of the Secretary for whatever have to be done in connection with the changeover to a new administration
- Coordinating and planning the implementation of the midterm review recommendations
- Holding of CSP forum and symposium

II. STRENGTHENING THE MANAGEMENT OF FHSIS

A. Accomplishments

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

1. Continued to monitor the performance of FHSIS group members;
2. Conducted a series of workshops with the FHSIS technical managers to:
   - prepare plans to 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 the field people
   - finalize the designs of the simplified output tables
3. Conceptualized alternatives to the reporting system in the light of the eventual devolution of the DOH field units.

B. Constraints/Issues

1. Need for clear indications on how the budget could be utilized hampered the activities of FHSIS particularly that of monitoring;

2. Lack of clear knowledge of the real impact of the Local Government Code (LGC) on FHSIS continues to plague the system; the immediate problem centered on the implications of the devolution of basic health services on the reporting responsibilities of the local government units.

C. Solutions to Constraints/Issues

1. There seemed to be no perceived solutions to the identified issues/problems during the quarter particularly because field activities seemed to drag because of the election campaigns and field personnel were not sure how to continue their activities after the elections as they had to wait for directions.

III. MAINTENANCE OF FHSIS

A. Accomplishments

Likewise for the maintenance of FHSIS, the HMIS Advisor:

1. Provided technical assistance to the FHSIS manager in dealing and communicating with the regional coordinators;

2. Continued to provide technical inputs to MAS re the continuing development of the regional subsystem; continued to provide the same technical inputs for the development of the national subsystem and the reformatting of the provincial subsystem;

3. Assisted HIS in the production of the 1991 output tables;

4. Assisted HIS in validating the simplified format of the output tables with the program managers;

5. Oriented DOH provincial and regional planners on the strategies being contemplated in relation to improving FHSIS to meet the devolution requirements; also conducted a survey among them to determine the viability of continuing FHSIS among the DOH field personnel;

6. Assisted HIS in identifying parallel reporting being done in the field among programs and specifying solutions to the attendant problems.

B. Constraints/Issues

1. Because of various problems, the 1991 output tables were not completed during the quarter; foremost of these were the various computer-related problems and those related to electric power failures throughout the country;

2. With respect to the computer programming of the provincial revisions there emerged a new problem; the MAS Director has decided to conduct the programming inhouse; questions of availability of manpower has come up;

3. Parallel reporting continues to exist despite DOH official pronouncements.

C. Responses to Constraints/Issues

1. Many of the computer-related problems which were not solved in the field during the visit were referred to MAS for solutions; problems related to power failures were analyzed and some solutions were given to the field units;

2. With respect to the computer programming, the Advisor had a lengthy discussion with the MAS programming group to elicit its commitment to finish the task;

3. The problem of parallel reporting has been brought to the attention of the HIS Director; simultaneous efforts were also exerted to discuss the problem with the program managers themselves.

D. Anticipated major activities next quarter

- Supervision of HIS work on:

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

- Various field visits to collect 1990-1992 data from delinquent provinces; introduction of the simplified output tables to the field and the subsequent non computerized reporting during these visits

- Identification of specific steps to meet the problems being brought about by the LGC implementation

- Provision of technical inputs for the national and provincial subsystems

- Adjustment of FHSIS activities on account of the HIS reorganization

- Development of protocols for the inclusion of new programs in the system

IV. PROJECT DEVELOPMENT FOR FHSIS UPGRADING

A. Accomplishments

1. Planning for, coordinating and facilitating 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 laboratory in Cebu using, among others, the geographic information system being developed in the province;

2. Preparation of the proposal to seek funding for such a project and the dissemination of the proposal to the Region VII office for comments prior to finalization.

B. Issue

Main issue in this activity is funding. The proposal was prepared to generate enthusiasm so as to secure this funding. Hopefully such funding can be sourced from the PHDP and/or the CSP.

V. PROVISION OF OTHER I S TECHNICAL ASSISTANCE

Accomplishments

1. Preparation of System Development Standards for MAS

The Advisor prepared a complete set of materials to serve as standards for the MAS in developing information systems. He also helped MAS in finalizing the document and providing its staff with the complete outline of systems related activities such as database management, terms of reference for proposals, etc.

2. Participating and providing technical direction in the MAS Bidding for GIS projects

The Advisor served as a member of the technical panel that reviewed proposals of the GIS projects for Red Tide monitoring, the Family Planning Technical Secretariat project in Cebu, and the Malaria project in Palawan. The Advisor provided the professional inputs to the following: definition of terms, the rating and evaluation scheme, the scoring system, and the analysis of final results.

V. OTHERS

- The Advisor took part in the Information Technology Conference held at the World Trade and Exhibition Center in Hongkong from May 10 to 12, 1992 and the National Information Technology Conference held in Manila Hotel Nikko from June 23 to 25, 1992.

HEALTH CARE FINANCING

I. ACCOMPLISHMENTS

1. Benchmarks

This Advisor participated in activities required to ensure the achievement of 1992 benchmarks: the monitoring meetings, etc. She devoted special attention to the remaining HCF benchmarks for 1992: a status report on the Philippine Medical Care Commission (PMCC) - Health Maintenance Organization (HMO) tie-up project. On June 24, 1992 the external consultant presented preliminary findings on the second evaluation of the project to the PMCC Board. The final evaluation will serve as the status report.

2. Health Finance Development Project (HFDP)

This Advisor continued her support of the HFDP through:

- assistance to Management Assistance Service Director Melahi Pons and the Health Policy Development Staff (HPDS)
- participation in HUB meetings
- technical backstopping of component 2
- attendance at pertinent meetings, workshops, training sessions.

3. Decentralization Consultant

This Advisor assisted in the search for a decentralization consultant, she drew up the short list of candidates, coordinated the interviews by the TAT, and participated in some of them.

4. Monitoring of HCF Research

This Advisor kept track of HCF research work taking place at the Philippine Institute of Development Studies, University of the Philippines School of Economics, Essential National Health Research, and Costs for Research and Communication; and assisted in networking efforts of health care financing researches.

II. CONSTRAINTS/ISSUES AND STRATEGIES TO ADDRESS THEM

1. Changes in leadership

The changes in DOH-CSP administration, as well as the expected bigger change in July, resulted in a slowdown in CSP activities that needed clearance and decision from top management since the TAT had to create new channels of communication. Together with other TAT members, this Advisor discussed strategies on how to approach and get to know the new leadership better.

2. Local government code (LGC) implications

All the CSP activities and plans had been premised on a strong central DOH with authority over field units. This premise would no longer hold with the LGC implementation. Together with other TAT members, this Advisor tried to monitor DOH thinking and activities responding to the changes brought about by the LGC implementation, especially those that affect child survival.

II. PLANNED ACTIVITIES (July 1992)

1. Benchmarks

This Advisor will participate in all the activities required to ensure the achievement of 1992 benchmarks; supported by PMCC, she will continue to be responsible for the HCF benchmark on the PMCC-HMO tie-up project.

2. Transfer to HFDP

This Advisor will transfer to HFDP within this period. During this last month, this Advisor will look at ways that the costing models developed for CSP interventions can be disseminated to program staff and pertinent local government units to create a better understanding of resource management and help in the budgeting process.

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

IEC/SOCIAL MARKETING

I. PRINCIPAL ACCOMPLISHMENTS

1. EPI

Trends, Inc. which was contracted by Image Dimension for DOH, completed the tabulation of the EPI Measles Sustaining Campaign KAP (Project Code: Camus). The official report was released to PIHES in May. Prior to finalization, a series of discussions were held between PIHES, Trends, Image Dimension, PIHES and this RA vis-a-vis findings and conclusions. As the report was finalized, the original plan was to organize a presentation to various audiences at DOH and collaborating institutions. Presentations would have happened in June but were deferred since findings from this KAP will already be included in the paper being developed by Trends to be presented during the Behavior Change Workshop which was originally scheduled in June but moved to July. PIHES will release copies of this KAP to various parties at DOH and other organization.

EPI comics and 1992 calendars were nationally distributed starting April. Delay in distribution was mainly due to delays in the release of funds.

2. CDD

Inspite of non-availability of funds and Phase II contract not being signed, creative work and media planning by Well Advertising in collaboration with PIHES and this RA continued as proactive measures. Developed were TVC 30's edit-down version of "Kasabwat" TVC 60's and some alternative Radio 30's scripts/spots. A new national media plan was also developed assuming an August breakdate. (This replaced earlier approved April to August national media plan.) Re print production, Printon delivered the pamphlets this quarter; Galaxy is expected to complete delivery of balance comics (Series 4 and 5) in June; Multiplica on the other hand continues to have difficulty in delivering quality proof of the poster which requires a vanishing blue and yellow background. It should be noted that Procurement and Logistics Service (PLS) awarded the job to Multiplica ignoring PIHES' experience and recommendation to contract with Guiguinto Press who did a quality job for the posters used in the Test Market Areas.

3. Nutrition

Using the "Weaning Moment" concept, Nutrition Service in collaboration with Helen Keller International (HKI) and PIHES developed the Teaching Manual for Rural Health Midwives. A draft was completed which is due for pretesting with midwives from Quezon province in July. This RA was officially appointed as a member of the Task Force charged to support Nutrition Service in its development of the Teaching Manual and Communication Plan. (As a group, the Task Force has not convened throughout this quarter but this RA has made himself personally available to the Program for regular consultation.)

4. Breastfeeding

As reported last quarter, the research agency to do the KAP has been selected but the contracting process has not started. Reason is the Certificate of Availability of Funds (CAF) which is a pre-requisite for contracting cannot be issued because DBM has not released funds for this purpose.

5. Integrated IEC Kit for Midwives

For memorability and identification, another name being proposed is Midwives Integrated Communication Aid (MICA). The other name earlier proposed was Midwives' Omnibus Detailing Aid (MODA). Comment from some quarters on the latter is that "omnibus" is not an ordinary word. In the meantime, all key messages as of this writing have been selected and currently being matched with visuals. Regarding funding for production, Assistant Secretary Manuel Dayrit decided not to request money from the CSP-TAT anymore since he said DOH already has funds available. Contracting with the selected supplier is now in progress.

6. Other DOH Programs

Advertising agency contracts for other DOH programs were completely processed this quarter, specifically, Malaria with Golden Grove Inc., Schistosomiasis with J. Romero & Associates (JR&A), and Enviromental Health/Excreta Disposal with Well Advertising. Left unsigned was the TB/JRomero contract as it is still waiting for the World Bank's approval to fund the IEC activities which cost above the $200,000 ceiling. This will be resolved in July when the World Bank assessment team arrives. Meanwhile there have been a series of creative presentation/revisions for the programs mentioned earlier. In some cases, presentations have reached the level of the Public Health Services Undersecretary M.G. Roxas. Test market areas have also been selected. This RA and his PIHES counterparts have been actively involved in the foregoing activities.

7. Special Projects

7.1 On-the-air Health Reports/News

a. Channel 13 Health Reports/News (HRN) and Channel 2 Bahay Kalinga contracts were signed by Sec. A.O. Periquet before his term ended. Although scripting continued, shooting of footage for Channel 13 HRN was temporarily halted. Due to unavailability of funds at DOH, no downpayment has been made whereas Channel 13 has already incurred so much out-of-pocket expenses. Re Channel 2 Bahay Kalinga, next step is for them to script the episodes for DOH clearance.

b. A radio equivalent of the abovementioned TV program is being explored. Negotiation with MBC (DZRH) is on-going. Other networks are also being tapped.

8. Team Activities

8.1 Quarterly Benchmark Update

On April 27, 1992, the DOH Projects Coordinating Unit, the CSP-TAT and USAID met at the RITM to review the progress made on the 1992 CSP benchmarks. For each of the 10 benchmarks, DOH reported on the accomplishments made, the issues encountered and the strategies adopted to resolve these issues.

The meeting ended with an agreement on what future actions should be taken by the programs to build on what has been achieved, and to make sure that all the 10 benchmarks are completely fulfilled by September 30, 1992.

8.2 Behavior Change Benchmark

a. Prior to his leaving for Washington D.C. for a conference, this RA developed a brief paper designed to capture the essence of Benchmark II.B.3 inclusive of change of nomenclature from "IEC" to "Behavior Change Benchmark". Included was a brief action plan to achieve the benchmark, given this new perspective. This paper was circulated and was eventually accepted by all concerned parties. The same paper was used during the April 27 quarterly benchmark update.

b. In early April while this RA was in the US, initial meetings were held by PIHES and PCU with the programs to explain the nature and needs of this benchmark. Subsequent submissions by the programs on their respective action plans showed a lack of clear understanding of what the benchmark means.

c. In the April 27 meeting on the 10 CSP benchmarks for 1992 with this RA in attendance, USAID reiterated the need for an overall strategy to serve as framework for the programs' action plans, affirming what this RA has been pushing for all along. This RA accepted the responsibility to "enlighten" the program staff and also oversee the benchmark's progress with the assistance of the Chief of Party/Planning RA and the Programs/Evaluation RA to facilitate the involvement of the programs' staff. Consequently, meetings were held with PIHES, PCU and the programs to sort out the needs of this benchmark.

d. Taking a cue from the meeting with Dr. Manuel M. Dayrit the previous day, a meeting on this benchmark which was co-presided over by PIHES Division Chief Mayette Bernaje and this RA, was called on May 8. The programs and the other key benchmark players finally agreed on the definition and requirements of the benchmark. They further agreed to go through the process of defining the overall, integrated strategy even as it was recognized that such a strategy is already supported by the DOH integration activities that are ongoing at this point, e.g., the Integrated Midwives' Kit. Two other

major agreements finalized in this meeting were: (1) the major part of the process would be a workshop to be participated in by all the benchmark players (initially set for June 4-5 -- but events and circumstances in the DOH led PIHES and PCU to change these dates two more times: first to July 22-24 and finally to July 29-31), and (2) Patrick Coleman of JSI as suggested by Dr. Manuel Dayrit will be tapped as short-term TA to document the results of the workshop including the overall strategy, which in turn will be presented to programs for acceptance and implementation. *N.B. In the initial meetings with Asst. Sec. Dayrit and PCU about getting a short-term TA to work on this benchmark, i.e., interact with PIHES and the programs, prepare for, conduct and document the workshop and work on the strategy document, the CSP-TAT Chief of Party/ Planning Advisor and this RA recommended* ***John P.*** *Elder of the San Diego State University's Graduate School of Public Health. Dr. Elder came highly recommended by AED as an acknowledged expert in the field of Health Communication for Behavior Change. We encouraged DOH to get Elder as a short-term TA through the CSP TA contract explaining that there already exist in the contract relevant provisions for this so getting Elder would not entail added costs on the part of the DOH. However, Dr. Dayrit opted to take in* ***Patrick Coleman*** *of JHU who is working with the Family Planning Service (FPS) on their IEC needs. Dr. Dayrit expressed three reasons for choosing Coleman over Elder: (1) Coleman is already here; (2) Coleman is underutilized by FPS; and (3) the DOH-Child Survival Program could also get Coleman's services at no cost, by "riding on" his USAID-funded contract with FPS. PCU concurred with Dr. Dayrit's recommendation and the necessary arrangements were subsequently made with FPS and USAID to get Coleman on board.*

e. On June 15, CSP-TAT hosted the formal "launching" of this benchmark. Assistant Secretary Manuel Dayrit was the keynote speaker. In attendance were representatives from the programs, the resource persons/presentors, PCU, and the TAT. Organized were one big "technical working group" (TWG)[1] headed by Asst. Sec. Dayrit and tasked with the design of the workshop, and 5 "small working groups" (SWGs)[2] or teams by program for the 5 key behaviors. Each SWG consists of a resource person/ presentor, one representative each particular program, PCU, PIHES, and TAT. The SWG's primary task was to provide support to the presentor who would be preparing a program paper/ situational analysis. These program papers would serve as working papers for the workshop and inputs to the integrated strategy. In this meeting, the resource persons requested for the resetting of the workshop to a later date to give them enough time to prepare the program papers/ analyses. The workshop was thus set for July 29-30. (This RA sits in both the TWG for the workshop as well as in the 5 SWGs and actively participates in all these groups' meetings.)

---

[1] See Attachment "A" for composition.

[2] See Attachment "B" for composition of each SWG.

f. Over the remainder of June, another round of meetings were held to lay the groundwork for the July workshop. The TWG headed by Assistant Secretary Dayrit met to draw up the objectives and design of the workshop. (P. Coleman, TWG member, has not been available due to conflict of schedules). Dr. M. Dayrit volunteered to be the workshop facilitator. Separately, the 5 SWGs met several times to prepare the program papers. On a parallel track, logistical and other administrative preparations for the workshop were started.

8.3 CSP Retreat

In light of the implementation of the Local Government Code and the devolution of health functions, the CSP-TAT met for 2 days on May 29-30 in Cavite to review the current workprogram of the TAT and assess the prospects for CSP sustainability. The DOH Undersecretary for Public Health Services, the former DOH Chief of Staff/ Child Survival Program Director and the key members of the USAID Child Survival Program team joined the TAT in this activity and provided valuable inputs to the discussions. Consequently, the CSP-TAT workplans for the next six-month period were adjusted to be more responsive to the emerging needs of the DOH.

8.4 Search for Decentralization Consultant

Responding to the need for a TA person to assist DOH with its decentralization activities, the TAT initiated in May an active search of candidates for this post. Based on the Scope of Work and qualifications drawn up by the TAT in consultation with OPHS, the team conducted interviews of candidates and submitted recently its recommendation to the OPHS and Office of the Secretary for consideration.

8.5 Flieger Symposium

On April 23, 1992, the TAT organized a symposium to present the results of the Cebu Child Survival Study. Building on the Study's baseline survey which was conducted in 1988, the present Cebu CS study was designed to assess changes in the use of primary care services and to measure the impact of oral rehydration therapy (ORT) and EPI programs on morbidity and mortality among children under 2 years of age. The key presentors were Dr. Stan Becker of JHU and Fr. Bill Flieger of the San Carlos University's Office of Population Studies. Led by the eminent Dr. Fe V. del Mundo of the Children's Medical Center of the Philippines, the participants came from the whole spectrum of the health research sector. Institutions like the Philippine Pediatric Society, Philippine Council for Health Research and Development, Association of Philippine Medical Colleges, Philippine General Hospital's Clinical Epidemiology Unit and the RITM were represented by their key officials. USAID, and key staff from the DOH programs and support services like the MCHS, FPS, NS, MAS, PIHES, IPS, BRL, NRTTC and FETP also participated.

II. ISSUES/CONSTRAINTS AND SOLUTIONS

1. KBP's suspension of DOH due to delayed payments

During the latter part of May, KBP gave DOH a formal notice of suspension due to non-payment of overdue accountabilities amounting to P19,112,671.13, some of which were aging beyond 120 days as of April 30, 1992. On top of the suspension, KBP reflected a 2% surcharge per month on the outstanding balance. Major reason for non-payment was unavailability of funds at the DOH treasury during the period January-May 1992 when media bills covering October-December 1991 placements came in.

For the year 1991, DOH made sure funds were available to cover all 1991 media placements. All bills which were received before December 30, 1991, were paid out of these funds. All bills that came after this date have not been paid because when January 02, 1992 came, the DOH, like all other government agencies reverted to the Department of Budget and Management (DBM) all unspent funds in its treasury originally allocated for 1991. This is in line with government auditing procedures. Similar to previous years, DBM was expected to release back to DOH, during the first quarter of 1992, all unspent 1991 funds. But this has not happened up to now.

As a stop-gap measure, Asec. Manuel Dayrit proposed that available 1992 funds be used to service 1991 debts. This was already done before although on a small scale. Accounting (Ms. Erlinda Fuertes) objected to this practice claiming that it is not within policy. By the time Usec. Teresita de la Cruz successfully intervened, time run out in June as the available 1992 funds also run dry.

This RA also did what he can to stall suspension and pre-empt any negative publicity i.e. money was used for elections. After three (3) months since the first verbal notice of suspension was given on April 1992, this RA couldn't stop the suspension order anymore. Nevertheless, he is still successful in averting any negative publicity, but not for long.

Responding to KBP's suspension letter of May 29, this RA drafted a letter for the PIHES Chief's signature.

2. Review of Well Advertising Contract

After having justified to Asec. Cresencia Cruz, the contracting of Well Advertising via the Source Selection Process (vs. Open Bid) as reported last quarter, Atty Nicolas Lutero III. new legal Chief separately asked for justification on the same issue. However even after he was satisfied he still did not pass the contract. It was found out later that he was concerned about the possible implications such a large contract (P25,000,000) may hold for the administration that recently took over (Sec. A.O.Periquet).

3. CDD Phase II National Campaign

In line with the revised communication strategy (see 1991 Annual Report), the original plan was to launch this phase in April 1992 (promoting ORT i.e. "Am" for prevention and Oresol for treatment). This has not happened for various intertwined reasons. As stated earlier, contracting was considerably delayed and still in process. On the other hand, had it been processed on time, we may have had the difficulty of airing the materials due to KBP's verbal notice of suspension in April, although this problem could have been arranged/fixed somehow.

Assuming the above mentioned issues are fixed in July, we still face the fact that there is lack of Oresol (ORS) Supply in the field. Moreover, the "multiple ingredient" implementation guideline behind the Generic Law affects the Oresol brand name which is currently used in all available packets and communication materials without its generic equivalent.

There was an earlier attempt to get clearance from the National Drug Committee to use Oresol as Philippines generic name but it was turned down according to Dr. Mads Valera. Therefore, as new packets are ordered, we would need to revise the package design/artworks to include ORS as Oresol's generic name. Also all communication materials would need revising/re-production as well. In all these funds are required, but they are not available. Meanwhile, a KAP tracking research (which was contracted in 1991 thru Well Advertising) is poised to be fielded in September 1992 in line with the original plan to run Phase II Campaign from April to August. Hopefully we could still launch the campaign in August or September until December even with all the foregoing constraints. Otherwise, we would need to review this research agenda even as we look into its financial/legal implications.

III. PLANS FOR THE NEXT QUARTER

1. Benchmark

- Together with the Technical Working Group, work on the design of the July 29-31 workshop
- Search for the workshop facilitator (prime candidate is DAP President Carn Abella who is an old hand at facilitating DOH workshops)
- Closely supervise the preparation of program papers for use in workshop
- Provide assistance to P. Coleman in documenting the results of the workshop, including the integrated strategy for implementing this benchmark
- Present the integrated strategy document to the Programs for acceptance and formulation of program action plans/ targets
- Finalize with P. Coleman the strategy document and assess progress on program targets
- Prepare benchmark documentation to include strategy, action plans and progress on program's 1992 targets

2. Resolve CDD issues: ad agency contract, ORS supply, Oresol brand name, research agenda

3. Shepherd DOH billings-to-payment relationship with KBP

4. Develop/negotiate 30 minute "Health Program" with various national radio networks

5. Supervise Health Report/News production for Channel 13 use

6. Help PIHES supervise Bahay Kalinga episode development for Channel 2

7. Finalize Midwives Integrated IEC Kit

8. Finalize "Weaning Moment" campaign and Teaching Manual

9. Finalize Breastfeeding KAP contract and develop questionnaire

10 Continue active participation in campaign development and media planning for the following programs: CDD, EPI, Nutrition, TB, Malaria, Schistosomiasis, Excreta Disposal

11 Review M. Marquez PR contract with DOH in line with LGC and DOH devolution

Attachment "A"

TECHNICAL WORKING GROUP
for the
BEHAVIOR CHANGE BENCHMARK WORKSHOP

Chairman	:	Assistant Secretary Manuel M. Dayrit
Members	:	Jose Rafael S. Hernandez, CSP RA for IEC/Social Marketing
		Patrick Coleman, JSI Consultant
		Dr. Benjamin P. Loevinsohn, CSP RA for Programs/Evaluation*
		Miss Mayette Bernaje, PIHES Chief for Plans and Programs
		Miss Arlene Miranda, PCU Project Assistant
		Miss Rose Gange, PIHES Technical Staff
		Miss Chit Alano, PIHES Technical Staff
		Miss Eva Manalo, PIHES Technical Staff

* Alternate: Dr. Steve Solter, CSP Chief of Party/ RA for Plans and Programs

Attachment "B"

SMALL WORKING GROUPS
for the
BEHAVIOR CHANGE BENCHMARK WORKSHOP

PROGRAM	PROGRAM PERSON	RESOURCE PERSON	PIHES	PCU	TAT
EPI	Dr. Francis Cruz	Ms. Mercy Abad, TRENDS	Edna Nito/ Chit Alano	Arleen Miranda	Ernie Hernandez/ Dr.Benjamin Loevinsohn
CDD	Dr. Estelita Papa/ Dr. Juanita Basilio	Dr. Teodora Tiglao, WHO	Rose Gange	Arleen Miranda	Ernie Hernandez/ Dr.Benjamin Loevinsohn
FP	Dr.Jovencia Quintong/ Dr. Florence Apale	Mr. Patrick Coleman, JSI	Edna Nito/ Eva Manalo	Mila Uysingco	Ernie Hernandez/ Dr. Steve Solter
BF	Dr. Juanita Basilio/ Dr. Ciriaco Manrique	Mrs. Leonora Zamora, WHO	Remy Lelis	Arleen Miranda	Ernie Hernandez/ Dr. Steve Solter
ARI	Dr. Maritel Costales/ Dr. Emma Manalac	Mrs.Teresita Bagasao, Kabalikat	Arleen Sevilla	Arleen Miranda	Ernie Hernandez/ Dr.Benjamin Loevinsohn

PROGRAMS & EVALUATION

I. Stimulate Systematic DOH Response To Problem In Logistics

A. Accomplishments

A committee was set up by Public Health Services Undersecretary M. Roxas and Management Services Undersecretary de la Cruz, with the help of this Advisor to examine logistics issues . This committee, whose membership came from various parts of the DOH, met and made recommendations after a brief study was done by former Management Services Undersecretary R. Gamboa. The recommendations of this committee were given to the DOH Management Committee and also to the new Secretary of Health.

This Advisor also carried out the field work and discussions with various people within the Department of Health regarding Oresol logistics. A report was drafted and circulated to managers within the CDD program.

B. Constraints/Issues

Seeing as the reorganization of the Department of Health has not yet taken place, it is difficult to ensure that the recommendations will be implemented. There also needs to be more in-depth analysis of the problems and feasible solutions to the complex area of bidding and procurement.

C. Proposed Strategies to Overcome Constraints/Issues

Initial discussions have taken place with a number of people in the DOH regarding a few focused tasks that a consultant could help with. A long-term consultant will be hired to assist the DOH with activities regarding bidding and procurement.

D. Plans

Once the reorganization of DOH has taken place and it is clear which person or people are responsible for logistics, a scope of work will be written so that the consultant will be hired by the middle of August.

II. Integrated Supervisory Checklist

A. Accomplishments

Discussions took place with program managers of Malaria and Leprosy regarding indicators that could be included in the checklist. These were successfully field tested and incorporated in the checklist.

The checklist was edited and was made camera ready, and a schedule for the training and implementation of the ISC was formulated by HIS staff. Other preparatory work was also completed.

B. Constraints/Issues

In order to avoid the ponderous DOH bidding and procurement process, a request from DOH went to USAID asking for TAT funding to print the needed copies of the checklist.

C. Plans

The training on the implementation of the integrated supervisory checklist will be conducted using HIS staff from August until the end of November. It is hoped that all provinces and regions could be covered by that time.

III. Data Utilization Training

A. Accomplishments

The syllabus for training Public Health Nurses (PHNs) and Municipal Health Officers (MHOs) in Data Utilization was developed in cooperation with Health Intelligence Service personnel. Some additional discussions were held with PHNs and MHOs regarding their current use of data and what things they will find most useful in analyzing the routine data that they received. This will be a particularly important activity with the devolution of services to the LGUs.

B. Constraints/Issues

The newly developed syllabus will need to be field tested in order to assure its appropriateness and easy construction.

C. Proposed Strategies to Overcome Constraints/Issues

A two-day course for PHNs and MHOs in a nearby province will be held using HIS staff.

D. Plans

The Data Utilization Training will be integrated with the Training on the Supervisory Checklist and so it will also be carried out in all regions and provinces between August and the end of November.

IV. Maternal Care

A. Accomplishments

Two specific activities were targeted in Maternal Care during these three months. The first was improving the coverage of the 3rd Prenatal Care visits. This was done by discussing it extensively at consultative meetings, writing personalized letters to all 75 Provincial Health Officers, emphasizing it in all communications, and ensuring that it appeared on simplified output tables being designed by HIS.

The second activity was intended to improve the quality of prenatal care by developing a new Home Based Maternal Record (HBMR). Discussions were held with the Director of Maternal and Child Health Service (MCHS) to allow for the revision of the old HBMR which is difficult for implementors to use. After obtaining her approval, changes were made in the HBMR and a new set of guidelines was drafted. The new HBMR more closely reflects high-risk approach to maternal care and is considerably more user-friendly.

B. Constraints/Issues

The development of the HBMR has taken longer than expected due to difficulties in agreeing on what should and what should not be included in the card.

C. Proposed Strategies to Overcome Constraints/Issues

A review of literature and obtaining of expert opinion from WHO and the World Bank will help to ease this problem.

D. Plans

The importance of the 3rd Prenatal visits will be emphasized in consultative meetings and included in the ISC and data utilization training. The new revised HBMR will be field tested in Marinduque for a month and reports on its effectiveness and ease of use will be obtained from health workers.

ADMINISTRATIVE REPORT

25A

I. MANAGEMENT OF LOCAL RESOURCES

1. CONSULTANT

a. Ms. Beaulah P. Taguiwalo edited and worked on the lay-out of the draft of the Area Program-Based Planning Manual in close coordination with the Internal Planning Service of the Department of Health (DOH) and the Child Survival Program (CSP).

Ms. Taguiwalo was paid for her technical assistance for the following documents:

- CSP Monograph No. 1 on Implementing the Philippine Child Survival Strategy;
- Health Finance Development Project (HFDP) Monograph No. 1 on Toward Health Policy Development in the Philippines; and
- HFDP Monograph No. 2 on Health Sector Financing in the Philippines.

b. Mr. Rhais M. Gamboa was contracted to prepare the Logistics Action Plan for the DOH. The Plan aims to provide a systematic framework to improve availability of essential supplies for the various public health programs of the DOH.

Mr. Gamboa's assistance involved the conduct of key informant interviews at the DOH (public health program managers; and budget, procurement and logistics, and foreign-assisted coordination services officials, etc.) and review of relevant documents at the Central Office.

c. Ms. Milagros F. Silva assisted in the financial aspect of the Logistics Action Plan. As Financial Analyst, her work entailed the compilation of data on available resources for logistics through desk research and conduct of selected interviews of key officials of the DOH and major foreign donor agencies.

2. PARTICIPANT TRAINING AND ANALYTICAL STUDIES

a. The CSP Technical Assistance (TA) contract provided funding for Dr. Wilfredo S. Asoy's (former Chief of the DOH Internal Planning Service) round-trip airline ticket to the United States. From June 14 to 17, 1992, Dr. Asoy attended the National Council on International Health Conference held in Arlington, Virginia where he presented his paper entitled "Decentralized Health Planning in the Philippines: A New Approach". Dr. Asoy's paper covered the DOH experience in area program-based planning.

b. Kabalikat ng Pamilyang Pilipino Foundation, Inc. was contracted to assist the DOH in the preparation of the Implementation Guidelines/Briefer for Local Government Officials and Operations Manual on the Local Government Code for the use of field health personnel and local government officials.

c. Andersen Consulting conducted a study on the evaluation of the Philippine Medical Care Commission/Health Maintenance Organization (PMCC/HMO) tie-up. The objectives of the study were:

- to evaluate the components of the PMCC-HMO Tie-up Project, taking into account the benefits and costs of the major stakeholders in the project (participating HMOs, the Social Security System, and the Government Service Insurance System, and

- to provide inputs to the PMCC for their decision on whether or not the tie-up project should be expanded and/or made permanent.

II. FINANCIAL MANAGEMENT OF LOCAL CURRENCY COMPONENT

1. Andersen Consulting - No. 2 Account

An initial deposit of P5,000.00 was made on May 5, 1992 to the following non-interest bearing peso current account:

Andersen Consulting - No. 2
Current Account No. - 0009-08718-4

As in the first account - SGV & Co. (ITF The Child Survival Program) - the above account will be used solely for transactions of the CSP.

2. Monthly Accounting Package

Accounting Packages for April, May, and June 1992 were prepared and submitted to Management Sciences for Health. The packages contained the following documents:

- Top Sheet;

- Estimate of Monthly Financial Requirements;

- Bank Statement;

- Account Reconciliation Form;
- Check Book Register Form;
- Deposit Register Form;
- Field Expense Summary;
- Time Sheets of Dr. Steven L. Solter, Mr. Manuel O. Sta. Maria, and Dr. Benjamin P. Loevinsohn;
- Report on Advance Account;
- Summary of Remittances and Expenses for Revolving Fund; and
- Accounts Payable Vouchers.

III. GENERAL OFFICE SUPERVISION

1. Equipment and Furniture

There were no new acquisition of equipment and furniture for the quarter.

Attached to this report is a complete list of equipment and furniture acquired todate by the CSP. The list includes information such as description of the equipment and furniture, acquisition cost, property number, and physical location or person in-charge of the equipment or furniture.

IV. WORKSHOPS

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

- Sustainability of the Child Survival Program vis-a-vis Decentralization Workshop at Ternate, Cavite from May 29 to 30, 1992. The workshop agenda covered the following: status of the Local Government Code implementation in the DOH, implications of decentralization on the CSP, DOH-CSP plan to address the issues of decentralization, the role of the CSP-TAT in support of the DOH, and the development of a workplan involving the DOH, USAID, and the CSP-TAT.

The scope of work and shortlist for the position of Decentralization Advisor were discussed in the workshop.

- FHSIS Workshop at the Manila Pavilion from June 2 to 3, 1992. Workshop topics included streamlining FHSIS operations and design of the FHSIS system back-up.

- Behavior Change Benchmark Meeting at FETP on June 15, 1992.

V. AUDIT OF ANDERSEN CONSULTING ACTIVITIES

Caguiat, Abad & Co. conducted in April and May an audit of Andersen Consulting activities for the period from October 1990 to September 1991.

The audit report is currently being prepared and will be submitted in July 1992.

April 23, 1992

Dr. Linda L. Milan
Chief, Foreign Assistance
Coordinating Service
Department of Health
San Lazaro Compound
Manila

Ref: Milan-Voulgaropoulos letter dated 1 April 1992

Dear Dr. Milan:

We are pleased to learn that the paper of Dr. Wilfredo Asoy, former chief of the DOH Internal Planning Service, entitled "Decentralized Health Planning in the Philippines: A New Approach" has been accepted for presentation at this year's NCIH conference. We are certain that the paper, which deals with the DOH experience in applying the area/program-based planning methodology, will generate a great deal of interest among the conference participants because of the uniqueness of the approach. Dr. Asoy's presentation at this prestigious meeting should lend international validity to this decentralized health planning methodology which has been developed under the auspices of the Child Survival Program. We are also convinced that formal and informal reactions to the paper by international experts attending the NCIH conference will further refine this planning method which is considered as a vital tool in the effective devolution of health service planning and management functions to local government units as provided under the Local Government Code.

We are also pleased to concur in your request that USAID fund the travel of Dr. Asoy to attend the conference, which will be held in Arlington, Virginia on June 14-17, 1992. USAID will underwrite the costs of Dr. Asoy's round-trip airline ticket to the U.S., per diem and other associated travel costs.

USAID intends to fund this travel through the Child Survival Program Technical Assistance contract with the Management Sciences for Health. We, therefore, would like to request Dr. Asoy to get in touch with Dr. Steve Solter, of the MSH Technical Assistance Team, to discuss travel arrangements.

Sincerely,

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

cc: Dr. W. Asoy, DOH
Dr. Solter, CSP/DOH

Clearance: CSO:SHeishman _____

RRCapul:fcs Doc. EVMilan.ltr 4/23/92

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Ramon Magsaysay Center
1680 Roxas Boulevard
Ermita 1000, Manila
Philippines

Fax No.: 632-521-52
Tel. No.: 632-521-71

June 18, 1992

Manuel G. Roxas, M.D., M.P.H.
Undersecretary for Public Health Services
and Chairman, DOH Technical Working Group
on Implementing Health Functions under the LGC

Dear Dr. Roxas:

Per your letter of June 8, 1992, USAID is pleased to concur in your request to contract the services of the Kabalikat Ng Pamilyang Pilipino to assist the DOH in the development and packaging of the Local Government Code Implementing Rules and Regulations (LGCIRR) on Health.

As per your suggestion, this activity will be funded under the Child Survival Program technical assistance contract with MSH.

Sincerely,

Patricia Moser

Patricia Moser
Chief, Health and Nutrition Division

cc: CSP/TAT

U.S. AGENC FOR INTERNATIONAL DEV OPMENT

non Magsaysay Center
0 Roxas Boulevard
nila 1000, Manila
ppines

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

May 29, 1992

Dr. Linda Milan
Assistant Secretary
Department of Health
San Lazaro Hospital Compound
Sta. Cruz, Manila

Dear Dr. Milan:

This is with reference to your letters dated April 14 and May 14, 1992 requesting USAID technical assistance through the Child Survival Program (CSP) to enable the DOH complete Benchmark II.D.6 "Develop a government/private sector risk-sharing program for HMO development", which is due on October 30, 1992.

We have reviewed the scope of work and level of effort proposed to evaluate the PMCC-HMO Tie-up Project, a report on which is the documentation required for the completion of above benchmark, and are pleased to provide our concurrence. USAID intends to fund this activity under the research line-item of the CSP Technical Assistance contract with the Management Sciences for Health. Please contact Dr. Steven Solter of the CSP Technical Assistance Team who will make the necessary arrangements for the initiation and implementation of the planned evaluation.

Please let us know if we can be of further assistance regarding this matter.

Sincerely,

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

cc: Dr. S. Solter, CSP

37

FINANCIAL REPORT

QUARTERLY FINANCIAL REPORT
PHILIPPINES CHILD SURVIVAL PROJECT
PERIOD ENDING JUNE 30, 1992

AO550	CONTRACT BUDGET ($)	EXPENDITURES TO DATE FROM INCEPTION ($)	BALANCE REMAINING ($)	PERCENTAGE OF BUDGET REMAINING	EXPENSE MONTHS REMAINING	AVG EXP/ MONTHS FOR LIFE OF PROJECT (38 MOS.) ($)	AVG EXP/ ONTH SINC INCEPTION JUNE 1,1990 ($)	AVG EXP/ MONTH BASED ON MONTHS REMAINING ($)
1. SALARIES	641,726.00	428,002.87	213,723.13	33.3%	13.5	16,887.53	17,469.50	15,831.34
2. OVERHEAD	532,329.00	347,885.76	184,443.24	34.6%	13.5	13,510.06	14,199.42	13,662.46
3. CONSULTANTS	37,892.00	16,590.28	21,301.72	56.2%	13.0	997.16	663.61	1,638.59
4. TRAVEL & TRANSPORT	225,813.00	62,914.48	142,898.52	63.3%	13.0	5,942.45	3,316.58	10,992.19
5. ALLOWANCES	237,395.00	130,427.60 2/	106,967.40	45.1%	13.5	6,247.24	5,323.58	7,923.51
6. SUBCONTRACTS								
AED	460,006.00	236,921.19	223,084.81	48.5%	16.0	12,105.42	10,300.92	13,942.80
SGV	792,989.00	494,242.24	298,746.76	37.7%	16.0	20,868.13	22,465.56	18,671.67
7. PARTICIPANT TRNG. AND RESEARCH STUDIES FUND	330,000.00	0.00 3/	330,000.00	100%	14.0	8,684.21	0.00	23,571.43
8. OTHER DIRECT COSTS	72,480.00 1/	94,477.80	(21,997.80)	- 30.4%	14.0	1,907.37	3,936.58	(1,571.27)
OTHER COST	3,330,630.00	1,831,462.22	1,499,167.78	45.0%		87,648.16	77,675.74	104,662.73
FIXED FEE	35,000.00	22,161.50	12,538.50	36.7%	13.0	921.05	886.46	987.58
TOTAL COST PLUS FIXED FEE	3,365,630.00	1,853,623.72	1,512,006.28	44.9%	13.0	88,569.21	74,144.95	116,308.16

PHILIPPINES FINANCIAL REPORT

BUDGET NOTES

The preceding analysis presents project expenditures to date on a modified cash basis. Reported expenditures through the end of the actually recorded period do not include estimates of accrued costs, therefore overstating somewhat the "Balance Remaining."

1. Original budget for Other Direct Cost was $181,525.00 Amendment #2 shifted too much from this line to the SGV budget.

2. Includes Solter housing paid as lump sum.

3. Costs incurred for approved studies appear under SGV or other appropriate line items as programmed.

BUDGET REVISIONS

At the time of Amendment #2, many changes were made to the allocation of project costs among line items. Some of these have proven unrealistic in relation to project activities and needs, and MSH has proposed a revised breakdown by line item, within the existing overall budget ceiling, to be accomplished as part of the next amendment to the contract. MSH has provided our detailed analysis of costs to date and projected costs in support of this request.

INVENTORY

PERMANENT INVENTORY RECORD

Period Ending June 31, 1992

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION OR PERSON RESPONSIBLE	REMARKS
			P	$			
0008	310007	IBM Electric Typewriter -Electronic Personal Wheel-writer; Model 6781, SN0220936	24,500.00	991.90	ET-032690-01	Secretarial area	
0031	310028	Refrigerator -GE, 5 cu. ft. SN1051164	6,405.00	259.31	REF-112690-01	Pantry	
0019	310016	Filing Cabinet - 4 drawers -3 pcs. P2,475.00 ea. + P250.00 change of color	8,175.00	330.97	FC-101690-01 FC-101690-02 FC-101690-03	Secretarial area	
-	-	COMPAQ LTE 286-Laptop Computer	-	-	LC-010991-01 LC-010991-02 LC-010991-03 LC-011391-04	Lyn Almario Benjamin Loevinsohn Sonny Sta. Maria Ernie Hernandez	Procured in the U.S.A.
0113	044757	Aiphone Master Intercom -w/ three substations	2,662.00 495.00 495.00 728.20	95.08 17.68 17.68 25.78	IC-011191-01 IC-011191-02 IC-011191-03 IC-031391-04	CSP Office HIS Office IPS Office CHS Office	
0140 0163	044783	Alenaire 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	
0145	044786	U-Bix Copying Machine Model -2502HR; SN9441182 (w/ 8 1/2 x 11, 8 1/2 x 14, 11 x 17 cassettes,del.tray, working table & pedestal w/trans-former)	65,000.00	2,321.43	CM-020591-01	CSP Office	
0026	193054	Sony Micro Cassette Recorder	1,300.00	46.02	MCR-031291-01	Benjamin Loevinsohn	
0152	044791	Club Computer (AT Model 333) -4MB RAM,80386 Microprocessor -33 MHZ, 64KB, Cache Memory -1 x 80MB Fixed Disk-658603/ 9102-634 -Colorgraphics Card-905954 -1.44MB Disk Drive(3.5") 5944027/3015655 -1.2MB Disk Drive (5 1/4")-8868936 -FD & HD Adapter-10160445 -AT I/O-0208411	149,489.00	5,338.89	CC-022691-01	Secretarial area	

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION OR PERSON RESPONSIBLE	REMARKS
0152	044791	-Enhanced Keyboard- 0122932/9012787			EH-022691-02	Secretarial area	
0152	044791	Color Monitor (Philips-14") -SN0091030003883	9,786.00	349.50	CM-022691-03	Secretarial area	
0152	044791	AVR 500 watts -SN90-15079	3,572.00	127.57	AVR-022691-04	Secretarial area	
0152	044791	Printer Cable_SN9101-599			PC-022691-05	Secretarial area	
-	-	OKIDATA Microline 391 Plus (SN912A0010011)	-	-	CP-030191-01	Secretarial Area	Procured in the U.S.A
-	-	Laser Printer - SN3048A35832	-	-	LP-081991-06	Secretarial area	Procured in the U.S.A.
0256	193083	Electric Fan -SN9281161				Secretarial area	
		-Stand Fan	1,160.00	41.43	EF-041691-01		
		-Wall Fan	990.00	35.36	EF-041691-02		
-	-	Jeep Cherokee (211)	-	-	JC-0591-01	-	Procured in the U.S.A.
		Jeep Cherokee (212)	-	-	JC-0591-02	-	
0003	310002	Executive Tables					
0012	310009	-4 pcs. at P2,800.00 ea.	11,200.00	453.44	ET-101690-01	Steve Solter	
					ET-101690-02	Lyn Almario	
					ET-101690-03	Sonny Sta. Maria	
					ET-101690-04	Ernie Hernandez	
0123/0154	044767/93	Executive Table	3,300.00	117.86	ET-101690-05	Benjamin Loevinsohn	
0123/0154	044767/93	Office Tables	2,500.00	89.30	JET-101690-06	Tess Sabella	
			2,500.00	89.30	JET-101690-07	Lilian Maling	
0003	310002	Secretary's Table					
0012	310009	-3 pcs. at P1,900.00 ea.	5,700.00	230.77	ST-020491-08	Nanette Magcalen	
					ST-020491-09	Bambi Riazo	
					ST-020491-10	SGV Officer	
0003/0012	310002/09	Typing Table	1,300.00	52.63	TT-101690-01	Secretarial area	
0208	193037	Printer Table	980.00	34.69	PT-032391-12	Secretarial area	
0003/0012	310002/09	Conference Table	2,900.00	117.41	CT-101690-13	Secretarial area	
0028	310025	Conference Table Tinted with 4 Conference Chairs (Sulihiya)	3,200.00	129.55	CT-102890-14	Sonny Sta. Maria (MAS)	
					CC-102890-21	Sonny Sta. Maria (MAS)	
					CC-102890-22	Sonny Sta. Maria (MAS)	
					CC-102890-23	Sonny Sta. Maria (MAS)	
					CC-102890-24	Sonny Sta. Maria (MAS)	
0210	193039	Executive Table (Tinted Glass)	2,100.00	74.34	ET-031391-15	Sonny Sta. Maria (MAS)	

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION OR PERSON RESPONSIBLE	REMARKS
0003 0012	310002 310009	Back/Hanging Cabinet -5 pcs. at P2,500.00 ea.	12,500.00	506.07	BHC-101690-01 BHC-101690-02 BHC-101690-03 BHC-101690-04 BHC-101690-05	Steve Solter Sonny Sta. Maria Lyn Almario Ernie Hernandez Secretarial area	
0123 0154	004767 004793	Hanging Cabinets (Repair) -3 units at P1,300.ea.	3,900.00	139.29	HC-020491-06 HC-020491-07 HC-020491-08	Benjamin Loevinsohn Tess Sabella Lilian Haling	
0210	193039	Cabinet (Bookcase)	1,700.00	60.18	CBC-031391-09	Sonny Sta. Maria (HAS)	
0018 0030	310015 310027	Pantry Cabinet -1 unit	3,780.00	153.04	PC-110190-10	Secretarial area	
0018 0030	310015 310027	Modular Dividers -15 panels at P2,070.00 ea.	31,050.00	1,257.09	MD-110590-01 to 15	CSP Office	
0123 0154	044767 044793	Modular Dividers -4 panels at P3,000.00 ea.	12,000.00	428.57	MD-020491-16 to 19	CSP Office	
0003 0012	310002 310009	Secretary's Chair -3 pcs. at P1,200 ea.	3,600.00	145.75	SC-101690-01 SC-101690-02 SC-101690-03	Secretarial area	
0003 0012	310002 310009	Visitor's Chair (Braur Type) -4 pcs. at P750.00 ea.	3,000.00	121.46	VC-101690-04 VC-101690-05 VC-101690-06 VC-101690-07	Conference area	
0003 0012	310002 310009	Conference Chairs -6 pcs. at 1,200.00 ea.	7,200.00	291.50	CC-101690-08 CC-101690-09 CC-101690-10 CC-101690-11 CC-101690-12 CC-101690-13	Conference area	
0029	310025	Executive Chairs -4 pcs. at P2,550.00 ea.	10,200.00	412.96	EC-110290-14 EC-110290-15 EC-110290-16 EC-110290-17	Steve Solter Sonny Sta. Maria Lyn Almario Ernie Hernandez	
0123/0154	004767/93	Executive Chair	2,800.00	100.00	EC-020491-18	Benjamin Loevinsohn	

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION OR PERSON RESPONSIBLE	REMARKS
0123 0154	004767 004793	Clerical Revolving Chair -2 units at P1,500.00 ea.	3,000.00	107.14	CC-020491-19 CC-020491-20	Tess Sabella Lilian Haling	
0210 0210	193039 193039	Visitor's Chair (Sulihiya) Visitor's Chair (Sulihiya)	350.00 350.00	12.39 12.39	VC-031391-25 VC-031391-26	Sonny Sta. Maria (HAS) Sonny Sta. Maria (HAS)	
0022	310019	Mini-Blinds (39 sq. ft.)	3,200.00	129.55	MB-102290-01	CSP Office	
0063	004714	Conversion of 2 Back Cabinets to Hanging Cabinets	2,000.00	80.97	-	CSP Office	
0123 0154	004767 004793	Office Tables (Repair) -2 units at P1,800.ea.	3,600.00	128.57	-	-	
0123 0154	004767 004793	Hanging Shelves -3 units at P2,400. ea.	7,200.00	257.14	HC-020491-06 HC-020491-07 HC-020491-08	Benjamin Loevinsohn Tess Sabella Lilian Haling	
0123 0154	004767 004793	Cost of Labor & Additional Materials for the Relocation of Existing Cabinets (1 lot)	2,500.00	89.29	-	-	
0230	193056	Computer Table	3,000.00	106.19	CT-040391-01	CSP Office	
0230	193056	Cost of Labor for the Relocation of Existing Modular Cabinets (1 lot)	3,000.00	106.19	-	-	
0154	004793	Discount	(800.00)	(28.57)	-	-	
0733	349444	Maintenance of Ubix Machine	7,800.00	294.67	CM-020591-01	CSP Office	