

PHILIPPINES TRIP REPORT

February 5 - March 3, 1993

Follow-up to

CARE/Philippines Family Planning Project Officers Training

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INTRODUCTION

The purpose of this technical visit was to provide follow-up support to the FPLM/Philippines staff working in the Department of Health Technical Secretariat and to the newly trained CARE/Philippines family planning project officers (FPPO's) in their efforts to provide training in implementing the new Contraceptive Distribution and Logistics Management Information System (CDLMIS).

For this follow-up visit, the FPLM training coordinator observed two one-day Rural Health Unit Nurses Trainings and one, one-week Delivery Team Training. In addition to providing feedback to the CARE FPPO's on their stand-up training skills, the training coordinator also made revisions to the different curricula, including totally redesigning the curriculum given to the public health nurses to use with their nurse midwives.

RECOMMENDATIONS

In consultation with the FPLM/Philippines staff and the CARE/Philippines staff, the consultant makes the following recommendations:

1. The FPPO's should be brought together at least once a year from around the country to discuss their work, including how well they are all doing as trainers.
2. In conjunction with CARE/Philippines, a training consultant from FPLM Washington should visit the Philippines to develop and implement a training impact evaluation tool.
3. There should also be a follow-up visit made to observe the recently revised curricula in use and make any minor adjustments as necessary.
4. Use the observation of the different revised curricula as an opportunity to give further training skills feedback to the CARE FPPO's.
5. Work with CARE/Philippines to develop a longer term training strategy for insuring that the CDLMIS runs effectively once all the regions in the country have received training.

BACKGROUND

This technical assistance trip was the third such trip in support of the training efforts of the DOH to implement the CDLMIS. During the first trip (see Philippines Trip Report, Proper, July - August, 1992) a training needs assessment was conducted, resulting in a detailed job task analysis for the new CARE family planning program officers. During the second trip (see Proper, Wulsin, October 8 - November 17, 1992) the actual training of the CARE FPPO's took place. This training consisted of two workshops, one on Family Planning Logistics Management and the other on Training of Trainers.

Since the time the FPPO's completed their training, they along with the FPLM staff in the DOH have been doing promotional visits to the provinces and cities as well as doing actual training. The implementation strategy and further information about the Philippines contraceptive distribution system can be found in appendix 2: Philippines Case Study presented to AID/W staff. For further information about the implementation activities, see Alt, Quarterly Report #6 (July - December 1992) and #7 (January - March 1993)

ACTIVITIES AND FINDINGS

1. After brief meetings in Manila, the training coordinator along with Wilfrido Ureta, FPLM/P, traveled to the Island of Mindanao and observed the CARE/P FPPO's conducting a one-day Rural Health Unit Nurses Training in Davao City, Davao Province and in Mati, Davao Oriental Province.

We were able to observe 5 of the FPPO's conducting training. Overall this level of training went fairly well. Some of the trainers showed a lot of progress in their stand-up training skills since the time of the TOT. One of the FPPO's still needed a great deal of assistance when training. Feedback to the trainers was given after each of the one-day trainings. Both one-day observations aided the training coordinator to make the necessary revisions in the curriculum for this level as well as the next level that the Nurses are to do themselves for their nurse midwives.

2. Upon returning to Manila, the revisions to the Rural Health Unit Nurses Training curriculum were made. Also work began on the preparations for the Delivery Team Training to take place in Cebu. The training coordinator assisted the FPLM/P staff with a few revisions to the curriculum based on feedback from the staff about previous Delivery Team trainings conducted. The training coordinator also took this opportunity to go around to the Central Warehouse and one Metro Manila city clinic to take pictures of storage conditions that could be used in the Philippines Storage training session as well as for the training curriculum that FPLM uses in other parts of the World.
3. The training coordinator then went to Cebu City, Cebu Province in Region VII to observe a Delivery Team training conducted by two of the FPPO's and June Amable and Jess Espiritu of FPLM/P in the DOH. This was a five-day training held at the Good Shepherds House. Overall the training went very well. As with the Rural Health Unit Nurses training, actual observation of the curriculum developed being used by the FPPO's and the FPLM/P staff helped in clarifying what changes should be made to make the training even more effective.

In addition to improving the actual curriculum, there was a need to improve the stand-up training skills of the FPPO's. Both of whom did seem to improve their skills during the week of the training with feedback sessions being held at the end of each day. However, it was clear that the FPPO's did not have sufficient confidence nor training skills and knowledge needed to conduct a Delivery Team Training on their own.

The training coordinator did take an active role in the training during the practicum portion as there were not enough trainers to assign to the different groups. The practicum allows the participants to go to actual clinics and determine what their first delivery order would be. It clearly demonstrated to the participants the need for good data collection. The group with whom the training

coordinator went came to the conclusion that the service statistics data they found were totally useless in determining the real needs of the clinic.

4. After returning to Manila, the training coordinator began working on revisions to the Delivery Team training based upon the observations in Cebu as well as talking to the other FPLM/P staff members and the CARE family planning coordinator who had just completed conducting a Delivery Team Training as well. Also at this time the curriculum that is given to the rural health unit nurses to use with their nurse midwives was redeveloped and finalized.

A meeting also was held at CARE to discuss the finding of the observation of the FPPO's training and their support needs as trainers. The consensus was that many of the FPPO's still needed a great deal of support in order to do any of the trainings above the level of the Rural Health Unit Nurses Training. Also discussed was the need to bring all the FPPO's together from all the regions to talk about how things are going and to review some technical issues about the CDLMIS and training.

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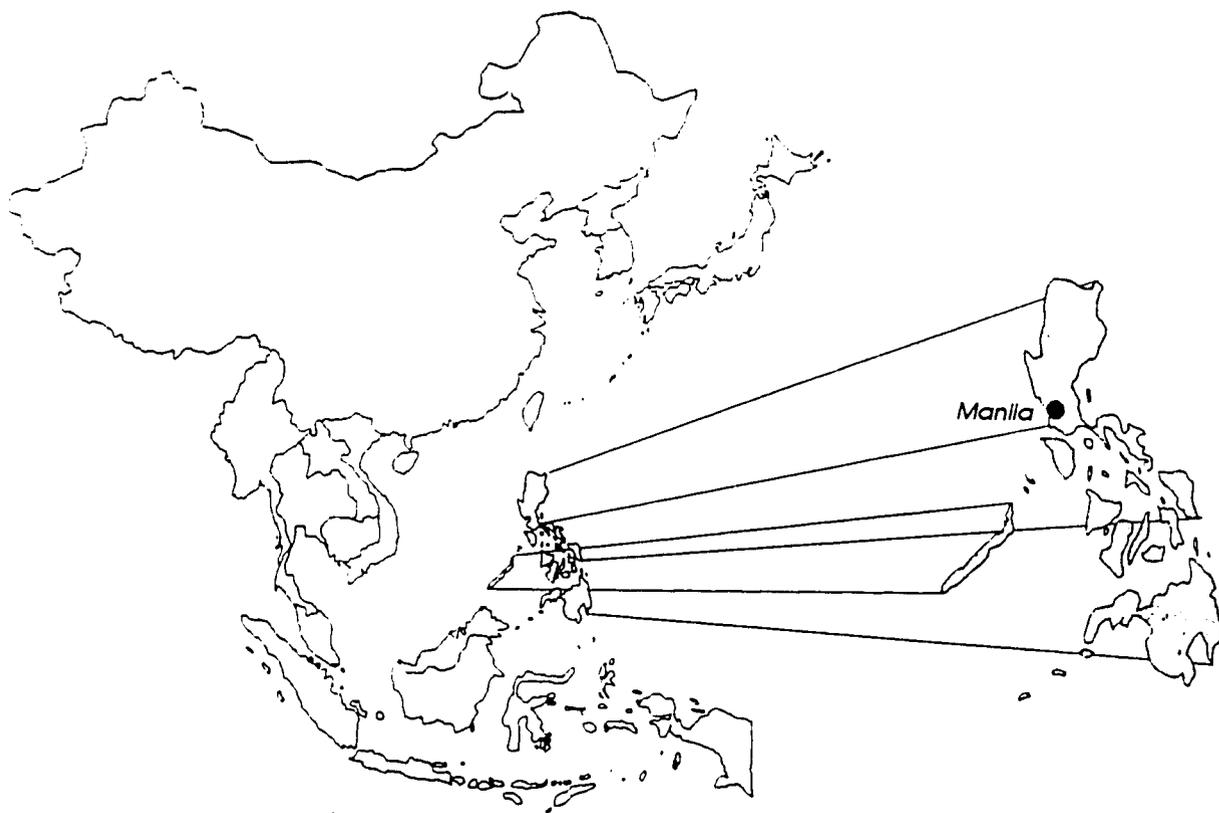
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Philippines Case Study



JSI/FPLM
June 15, 1993

GLOBAL ISSUES FACING THE PHILIPPINES FAMILY PLANNING PROGRAM IN 1991

Seven years of neglect under the Aquino administration

Transfer of responsibility for the program from POPCOM to DOH

MAJOR LOGISTICS MANAGEMENT ISSUES

- Lack of a scheme for rational allocation and distribution of contraceptives;
- No budgetary resources for contraceptive distribution;
- Gross maldistribution of contraceptives among the regions and among provinces and facilities within the regions;
- Shortage of family planning technical staff in the regional health offices to follow up on logistics issues;
- Generally inadequate distribution and storage of drugs and medical supplies within the DOH network; and
- Lack of contraceptive logistics information.

SPECIFIC ISSUES AND RESPONSES

1991

ISSUES

No real attention being paid to logistics management in DOH

No allocation or distribution system in place.

No valid contraceptive logistics information being collected.

Shortage of FP technical staff with any knowledge about logistics

RESPONSES

DOH FP Logistics Coordinator hired

FPLM Resident Advisor hired

Different distribution models created and costed.

Model selected by DOH and test regions selected.

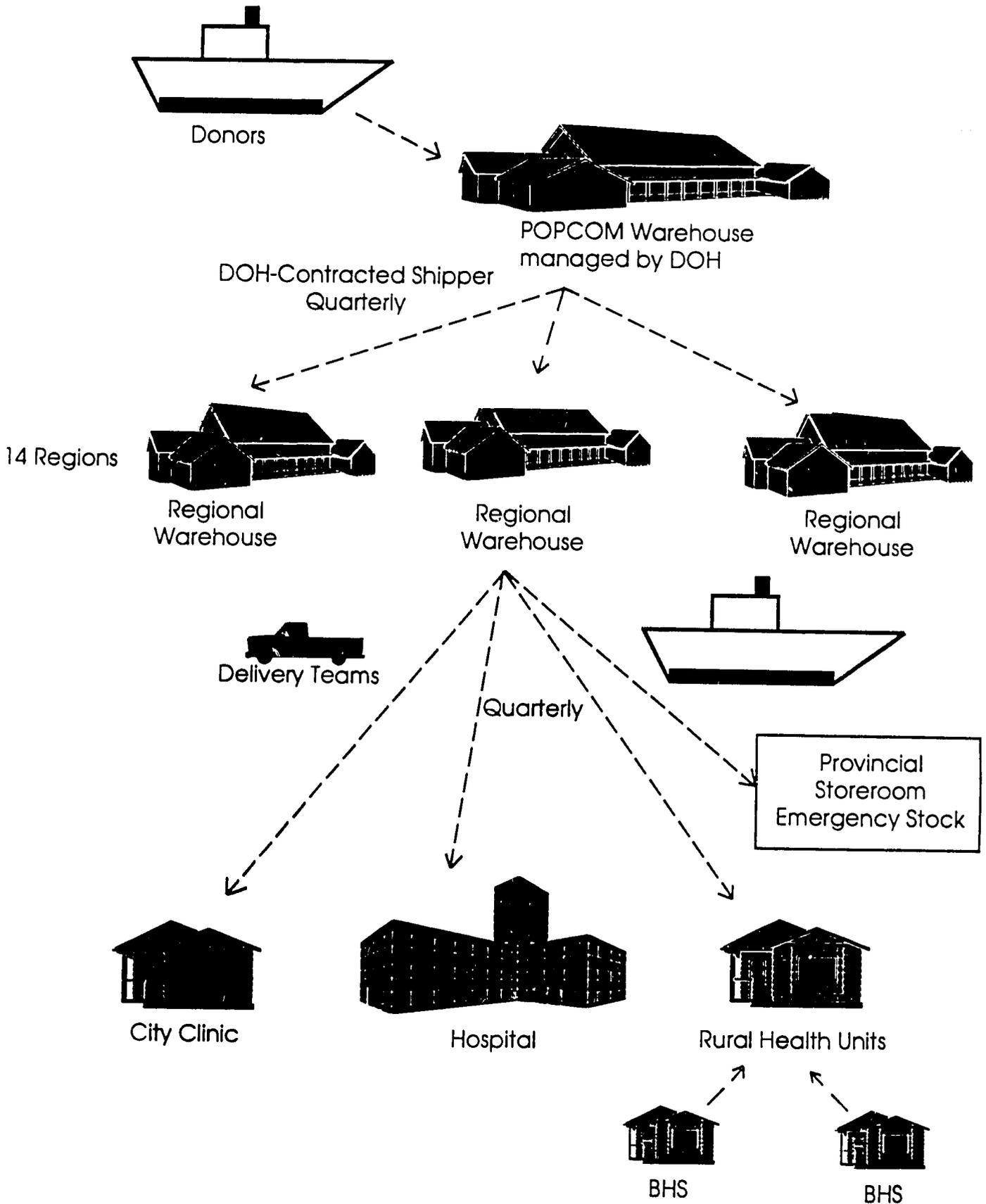
Pilot regions deliveries made using new system.

Development of simple LMIS.

Training in new logistics distribution system for regional trainers and delivery team members in the pilot regions.

11 one-day trainings of DOH and NGO clinic level personnel about the new system.

PHILIPPINES CONTRACEPTIVE DISTRIBUTION SYSTEM I



PHILIPPINES CONTRACEPTIVE DISTRIBUTION SYSTEM I

CENTRAL WAREHOUSE

- Owned by POPCOM and managed by DOH (FPLM assistance within DOH).
- Contraceptive shipments managed and amounts determined by DOH.
- Regions are sent supplies on a quarterly basis.

14 REGIONS: DOH OR POPCOM WAREHOUSES

- Form delivery teams made up of Regional DOH, POPCOM, Provincial and City health personnel.
- Transportation and personnel costs born by delivery teams' respective agencies.
- Delivery teams determine order quantities and deliver upon arrival at every rural health unit, hospital, and NGO and other GO clinic in the region (Milk truck delivery system)
- Deliveries are made quarterly.

PROVINCIAL STOREROOM

- Maintains an emergency one month stock.

SERVICE DELIVERY POINTS

- Collects, at minimum, service statistics data, at best, dispensed to user data.
- If RHU, distributes supplies monthly to Barangay Health Station midwives.

1992

ISSUES

Need to test model in more regions.

Gov policy change: from regional system to LGU (Provinces and Cities).

Shortage of family planning technical staff concerned with logistics.

New CARE staff without FP logistics expertise.

Evaluation results from test regions show that there are still problems with distributor system and there were personnel who still could not use the system.

RESPONSES

Planning workshops and delivery team trainings completed in two new regions.

Monitoring and evaluation instrument used for first two pilot regions.

Distribution model changed to reflect policy change.

Retraining planned for original pilot regions

CARE/Philippines awarded AID contract to assist DOH in family planning, with major logistics focus.

Training needs assessment conducted by FPLM for the 14 new family planning project officers and national coordinator.

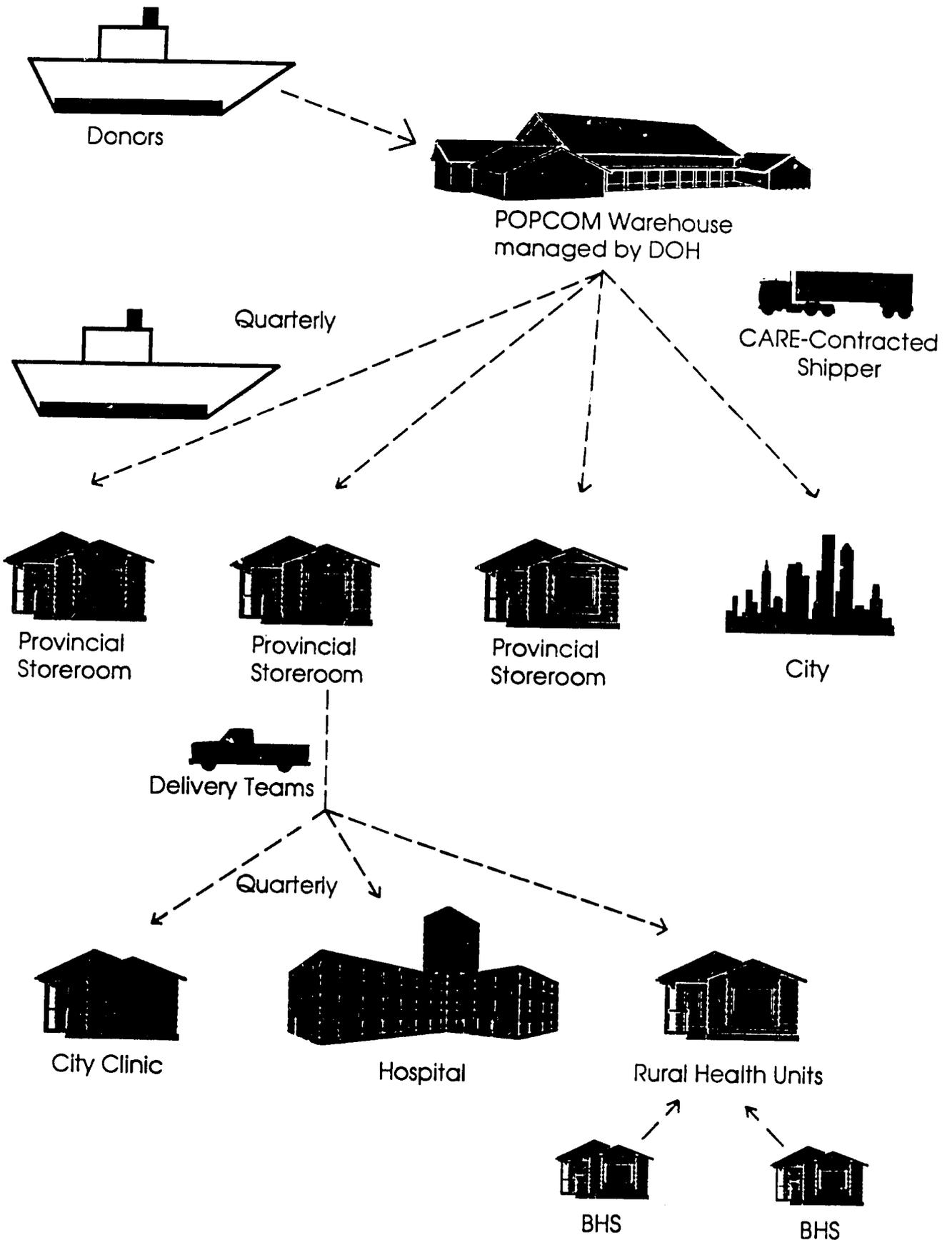
FPLM conducted 4 week training in logistics and training of trainers for CARE staff.

Redesigned training strategy.

Redesigned curricula to reflect changes in training strategy.

Produced step by step procedures manual for delivery teams.

PHILIPPINES CONTRACEPTIVE DISTRIBUTION SYSTEM II



PHILIPPINES CONTRACEPTIVE DISTRIBUTION SYSTEM II

CENTRAL WAREHOUSE

- Owned by POPCOM and managed by DOH (FPLM assistance within DOH).
- Contraceptive shipments managed by CARE and amounts determined by DOH.
- Provinces and Cities are sent supplies on a quarterly basis.

PROVINCES AND CITIES:

RESPECTIVE STOREROOMS OR USE OF REGIONAL WAREHOUSES

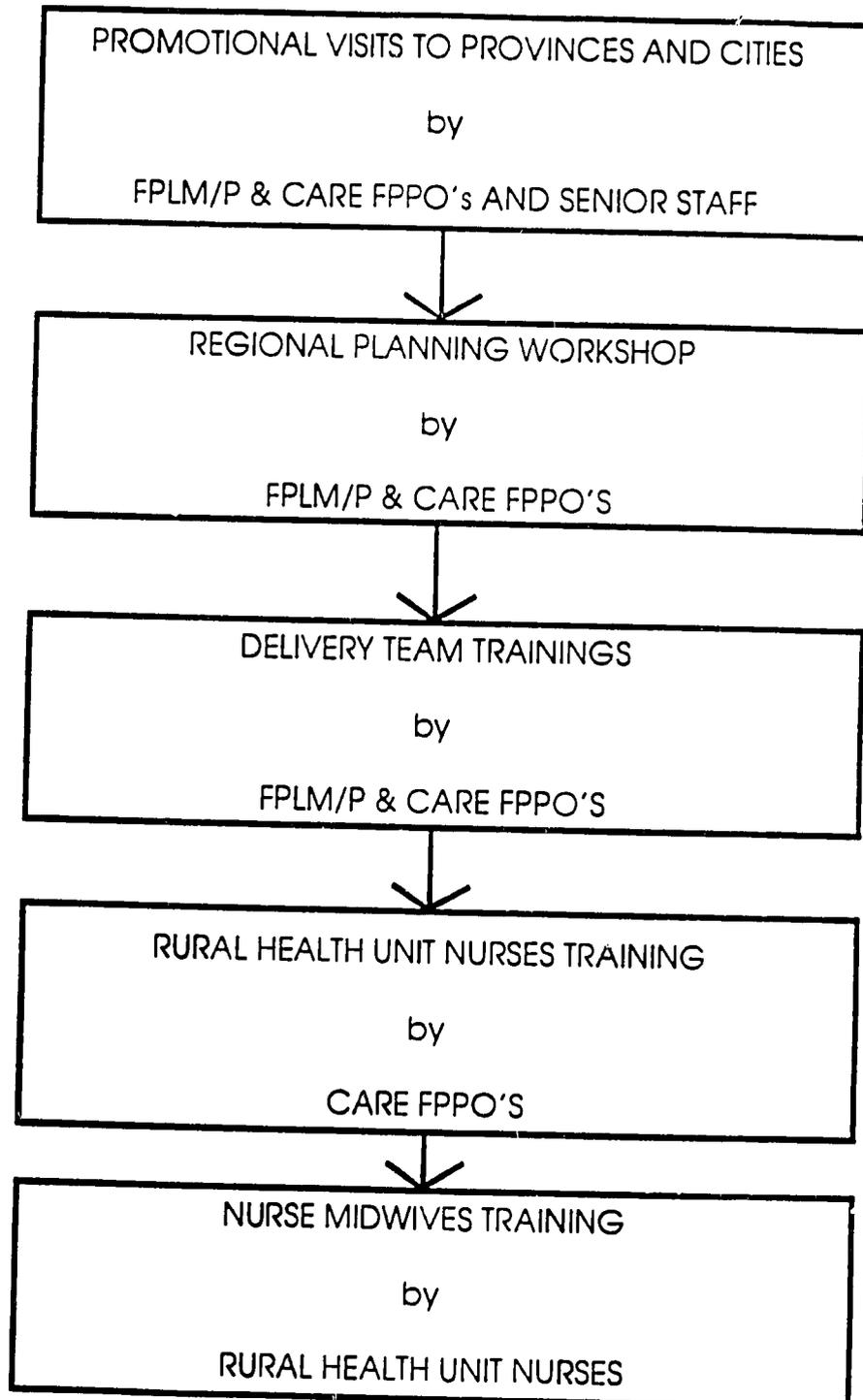
- Form delivery teams made up of Regional DOH, POPCOM, Provincial and City health personnel.
- Transportation and personnel costs born by delivery teams' respective agencies.
- Delivery teams determine order quantities and deliver upon arrival at every rural health unit, hospital, and NGO and other GO clinic in the region (Milk truck delivery system)
- Deliveries are made quarterly.

SERVICE DELIVERY POINTS

- Collects, at minimum, service statistics data, at best, dispensed to user data.
- If RHU, distributes supplies monthly to Barangay Health Station
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THE CONTRACEPTIVE DISTRIBUTION &
LOGISTICS MANAGEMENT INFORMATION SYSTEM
IMPLEMENTATION STRATEGY

November 1992 - Present



1993

ISSUES

CARE FPPO's need more support to negotiate with governors and to perform higher level training efforts.

Training needs to be improved at the Delivery Team and RHU levels; need for curriculum for the RHU nurses training of the midwives.

Need to evaluate impact of training and the effectiveness of the distribution model being used.

Pressure from the Secretary for distribution system to be in use for the whole country by the end of this year.

No plan for training needs once all regions have been trained in the new system.

RESPONSES

CARE is hiring another person to work with the national coordinator to support the FPPO's

FPLM hired another senior project officer to support logistics management efforts.

After observation of trainings by FPLM trainer, curricula was redesigned.

Curriculum was prepared for the nurses to use during monthly meetings with the midwives.

Feedback given to CARE FPPO's on training skills.

August trip planned for FPLM and CARE senior staff to do a training impact evaluation.

FPLM and CARE staff working on a tight schedule of promotional visits, planning workshops, delivery team trainings, and RHU trainings.

Future training needs to be discussed with CARE during August trip.