

PD-ABH-685

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The Philippine Child Survival Program
Technical Assistance Team

QUARTERLY PROGRESS REPORT

August to October 1993
(One volume only)

PD-ABH-685

THE PHILIPPINE CHILD SURVIVAL PROGRAM

Project Number 492-0406

QUARTERLY PROGRESS REPORT

AUGUST - OCTOBER 1993

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



QUARTERLY REPORT
August 1, 1993 - October 31, 1993

I. INTRODUCTION:

MSH's contract with USAID for the Child Survival Program began in June 1990 and extended until July 31, 1993. The original 4-person team of long-term advisors became a 5-person team in January 1991 and returned to being a 4-person team in August 1992. However, in July 1993 the DOH requested to USAID/Manila that Dr. Steve Solter be continued beyond July 1993 (until June 1994) and that he be assigned to the Office for Special Concerns (under Asst. Sec. Carmencita Reodica). MSH's Child Survival Contract with USAID was extended, on a no added cost basis, until March 31, 1994 (the date when the entire Child Survival Program terminated -- the PACD). However, at the time of MSH's contract extension, USAID/OPHN was trying to extend the PACD for the Child Survival Program until March 31, 1995, which would enable Dr. Solter to extend his stay until June 1994.

MSH's contract extension with USAID involved a major change in the contract's Scope of Work. Appendix A to this quarterly report contains Dr. Solter's new Scope of Work. It should be noted that during this quarter (in September 1993) USAID/OPHN and the DOH agreed that a major component of Dr. Solter's SOW should be to assist the DOH in coordinating its efforts to introduce DMPA (the 3-month injectable contraceptive) into the Philippines beginning in 1994.

Dr. Solter returned from annual leave and began working on his new assignment on August 16, 1993.

II. ACCOMPLISHMENTS:

1. Support for National Micronutrient Day (ASAP)

The Nutrition Service (NS) of the Office for Special Concerns (OSC) was assigned responsibility by the DOH to be the lead agency within the DOH to manage and coordinate National Micronutrient Day (NMD, or ASAP "Araw ng Sangkap Pinoy" in Tagalog, meaning "Philippine Ingredient Day") which took place on October 16, 1993.

Since the NS is part of the OSC, the OSC played a very important coordinating/facilitating role in ASAP. Dr. Gerry Bayugo of the NS, the "point-person" for ASAP, worked closely with the CS advisor to make sure that the impact of ASAP would be maximized.

The main objectives of ASAP were: (1) to stimulate awareness of micronutrients and their importance to health in the wider context of good nutrition and of preserving the Philippine environment and (2) to provide iodine capsules for all pregnant women in the country, high-dose Vitamin A capsules (200,000 I.U.) for all children 12-59 months, vegetable seed packets, and malunggay cuttings for as many families as possible.

The role of the CS advisor consisted of the following activities:

- (1) Developed a "Volunteers' Guide" for ASAP which was distributed throughout the country (390,000 copies were printed and distributed). The Guide was used by volunteers (many of them Barangay Health Workers) in order to understand their role during ASAP.
- (2) Served as a member of the "Technical Committee" for ASAP to review and make recommendations concerning technical issues. These issues included target groups for iodine and Vitamin A, toxicity of these two micronutrients, appropriate dosages, epidemiologically valid means of monitoring and evaluation, and so forth.
- (3) Provided assistance to FETP and NS regarding two studies related to ASAP. One was a "Post-ASAP Coverage Survey" designed to determine actual coverage levels for Vitamin A and iodine as well as learn lessons that will be useful for planning the next ASAP -- to take place in October 1994. The second study was an assessment of the frequency of toxicity related to Vitamin A consumption among children 12-59 months taking Vitamin A (200,000 I.U.) on October 16th. These children were visited and evaluated on October 17th.
- (4) Together with Helen Keller International, provided general support to the ASAP effort, including assisting the DOH find funding for ASAP, and visiting "Sangkap Centers" on October 16th to make direct observations of ASAP, etc.

2. Assisted the DMPA Task Force to Prepare for the Introduction of DMPA into the Philippines in 1994

The DMPA Task Force, with Asst. Sec. Reodica as its chairperson, was established by the DOH in order to oversee the introduction of DMPA as a new contraceptive option for

the Philippines. The role of the CS advisor included the following activities:

- (1) Setting up meetings of the DMPA Task Force, developing the agenda, and advising Dr. Reodica what decisions needed to be taken.
- (2) Maintaining frequent contacts with the Bureau of Food and Drugs (BFAD) which issues Certificates of Product Registrations (CPR) to private companies who wish to market DMPA in the Philippines; maintaining close contacts also with Upjohn ("Depo-Provera") and with Organon ("Megestron") regarding their efforts to market their products.
- (3) As a representative of the OSC, make contacts with the UNFPA regarding the purchase of DMPA for the Philippine public sector program.
- (4) In addition, make sure that the Contraceptive Logistics System in the Philippines is capable of handling DMPA when it arrives.
- (5) Make sure that the DMPA Task Force approves a national strategy for introducing DMPA into the country as well as "Service Guidelines" concerning the delivery of DMPA by health providers.
- (6) Support the efforts of the IEC Unit regarding production of DMPA-related materials (including technical review of the materials) as well as supporting the efforts of FP Trainers to develop training/counselling materials for health providers in the public, NGO, and private sectors.

By the end of the quarter (October 31, 1993) the DMPA Task Force had officially endorsed a "National Strategy for Introducing DMPA into the Philippines" as well as a set of "Service Delivery Guidelines". A CPR for Upjohn (Depo-Provera) was imminent but had not been granted by BFAD. UNFPA had agreed in principle to procure the first batch of DMPA for the Philippines' public sector program.

3. **Strengthened the Capability of OSC and MCH Staff Regarding the Planning and Management of Women's Health and Safe Motherhood Initiatives**

The CS advisor to OSC worked closely with OSC and MCH staff regarding the key components of a "Women's Health and Safe Motherhood Initiative". A team from the World

Bank, together with representatives from ADB, AIDAB, the EC, and a German development assistance group, spent 3 weeks in October trying to identify the key elements of a Women's Health/Safe Motherhood Project. The CS advisor participated actively in the team's meetings and discussions.

Specific activities of the CS advisor included the following:

- (1) Assisted the Maternal Health unit of the MCH Service to develop a prioritized listing of the most important maternal health problems in the Philippines that can feasibly be solved.
 - (2) Developed a summary of the major findings of the 1993 Philippine Demographic Health Survey and their implications for the major programs of the OSC.
4. Supported the Efforts of the OSC to Identify the Main Issues Concerning the LGU Assistance Component of the Upcoming USAID-Funded "Integrated FP/MCH Project"

The CS advisor spent some time this quarter orienting Ms. Taryn Vian, the new OSC consultant for the LGU Assistance component of USAID's new (upcoming) "Integrated FP/MCH Project". The CS advisor helped OSC staff (and Ms. Vian) to identify some of the main issues relevant to the new project. A field trip to Pangasinan was planned for November 8-10. This field visit was intended to observe the pilot project in developing a Population/FP Plan for the province.

III. CONSTRAINTS

1. Regarding the introduction of DMPA into the Philippines, the main constraint has been the action taken by the Philippine National Drug Committee (NDC) to place restrictions on the use of DMPA. The NDC is an advisory body to the BFAD and, in a letter to Dr. Kintanar of BFAD dated September 30, 1993, the NDC was very critical of DMPA's record of safety. The NDC recommended that a number of warnings and precautions be placed on the labels of DMPA vials and on package inserts for these products. According to a consensus of worldwide experts on DMPA, the NDC's recommendations were for the most part either unnecessary or outdated and incorrect.

2. The CS advisor needs to balance two things. The first consists of the items in his Scope of Work/Workplan. The second consists of requests from the head of the Office for Special Concerns which may lie outside the specific requirements of the Scope of Work. Of course, the first priority is the scope of work that has been contracted. The only "constraint" here is the difficulty in juggling competing demands. So far it has not proved to be a major problem.

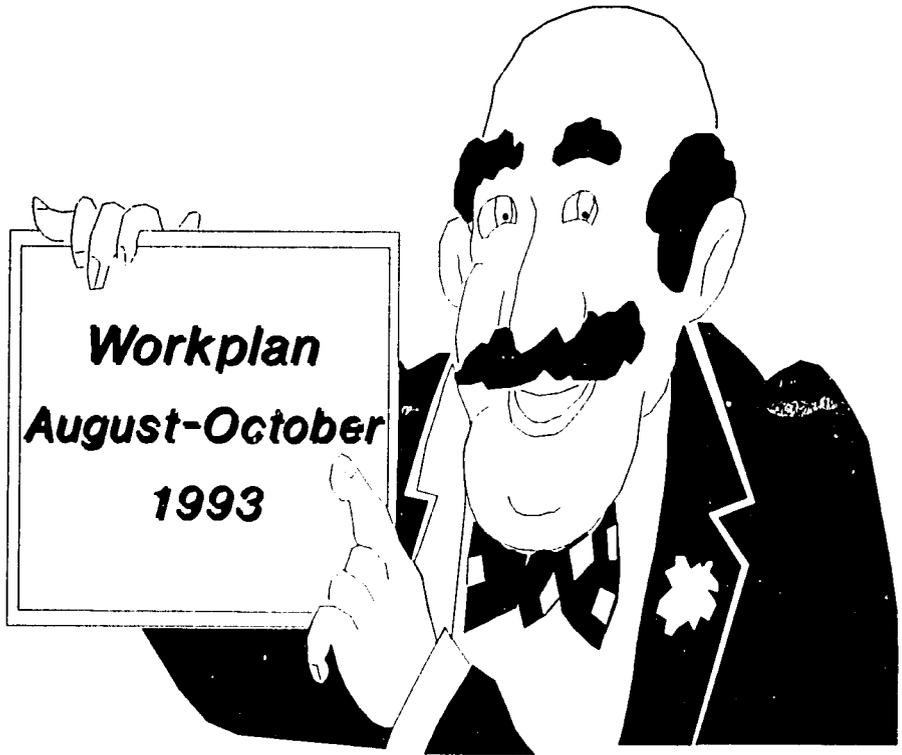
IV. STRATEGY FOR OVERCOMING CONSTRAINTS

1. The main strategy here is to be in frequent communication with all involved parties -- BFAD, Upjohn, and Organon -- in order to speed up the process so that there is no delay in issuing CPRs. Without CPRs there can be no DMPA program, since the drug would not legally be allowed to be marketed or sold. The role of the DMPA Task Force in this case is to provide technical input to BFAD which can be used in making decisions about limitations placed on DMPA.
2. Balancing scope of work requirements and requests from one's counterpart in the DOH is something consultants are always dealing with. The bottom line has to be that contracted work must get done and done well. Since the CS advisor's scope of work includes "assisting the OSC as an advisor for MCH and Child Survival", there fortunately has been no major conflict because all of the counterpart's requests have involved MCH or Child Survival.

V. EXPECTED ACTIVITIES NEXT QUARTER (November 1993-January 1994)

Among the expected activities for the next quarter:

- (1) Continued work on DMPA introduction -- the CPRs to Upjohn and Organon should be issued in November. A workshop developing training materials for DMPA is scheduled for November in Antipolo.
- (2) The evaluation of the ASAP should be completed
- (3) A visit to Pangasinan province is scheduled for November 8-10 to observe the results of a pilot project on developing a provincial Population/FP Plan.
- (4) Continued work on Women's Health/Safe Motherhood (including a paper on the High-Risk/Life Cycle approach to Women's Health/Safe Motherhood).



WORKPLAN FOR STEVE L. SOLTER

August 1993 - October 1993

Based upon my 10-month Scope of Work (attached) this 3-month Scope of Work is much more specific and focused.

Overall Responsibility:

To assist the Office for Special Concerns of the DOH as an advisor for MCH and Child Survival, with a particular focus on assisting with the introduction of DMPA into the Philippines and on maintaining the achievements of the Child Survival Program.

Scope of Work:

1. Assist the DMPA Task Force to prepare for the introduction of DMPA into the Philippines in 1994, including medical, training, logistics, and IEC components of the program.

Specific Activities:

- a. As DMPA Task Force Coordinator, assist the DOH to prepare the required documentation and to conduct activities to gain approval for the proposed strategy for the introduction of DMPA.

Performance Benchmark: DMPA Introduction Strategy approved by DMPA Task Force and by DOH.

- b. Assist the DOH to prepare the necessary documentation to either gain approval for the medical and service delivery guideline outlined in the proposed strategy, or to develop alternative guidelines which are medically sound, scientifically accurate, and meet the needs of the Philippine Family Planning Program.

Performance Benchmark: DMPA Service Delivery Guidelines approved by DMPA Task Force and by DOH.

- c. Gain agreement from DMPA Task Force members that the proposed schedule of DMPA Introduction activities is double. Coordinate efforts so that use of limited resources is maximized and duplication minimized; make sure activities are phased in a planned and coordinated way.

Performance Benchmark: Phasing of activities, including a clear timetable and delineation of responsibility, for implementation of the DMPA Introduction Strategy has been agreed upon by the DMPA Task Force.

- d. Develop training plan for DMPA Introduction with DOH, NGOs and other relevant groups, based upon the content and duration of training outlined in the proposed strategy. Emphasis should be placed on updating service delivery guidelines to include newer medical information, the role of counselling, the management of side effects and the importance of record keeping and follow-up. Anticipate that TA will be required to do this and access through USAID/Manila from either FHI, Pathfinder or AVSC.

Performance Benchmark: Training Plan completed for DMPA Introduction.

2. Assist the Micronutrient Malnutrition Program through technical support for National Micronutrient Day (NMD) scheduled for October 16, 1993.

Specific Activities:

- a. Prepare Volunteer's Guide for NMD

Performance Benchmark: Volunteer's Guide written, printed and distributed throughout the country.

- b. Develop Monitoring and Evaluation Plan for NMD

Performance Benchmark: Monitoring and Evaluation plan developed and executed.

- c. Write report Analysing Factors affecting outcome of NMD.

Performance Benchmark: Report on NMD written.

3. Strengthen the capability of OSC and MCH staff regarding the planning and management of Women's Health and Safe Motherhood initiatives.

Specific Activities:

- a. Assist in developing a Safe Motherhood component for the Women's Health and Safe Motherhood Initiative.

Performance Benchmark: Safe Motherhood component written.

4. Support the efforts of the OSC to manage the challenge grants component of the upcoming USAID-funded "Integrated FPMCH Project".

Specific Activities:

No specific activities this quarter.



September 17, 1993

WORKPLAN FOR STEVEN L. SOLTER AUGUST 1993 - JUNE 1994

INTRODUCTION:

The MSH technical assistance contract with USAID for the Philippine Child Survival Program was supposed to end on July 31, 1993. However, the DOH and USAID have agreed to extend the contract (on no added cost basis) until March 31, 1994. It is likely that the MSH contract termination date will be further extended until June 1994. On the basis of this assumption (i.e. contract extension until June 1994), this workplan has been developed.

Of the original five-person TA team working on the CSP, only Steve Solter will continue working in the DOH through the MSH contract. He is assigned to the Office for Special Concerns, with Assec. Reodica as its chief. Dr. Solter's scope of work as agreed upon by the DOH and USAID, is as follows:

Overall Responsibility:

To assist the Office for Special Concerns of the DOH as an advisor for MCH and Child Survival, with a particular focus on assisting with the introduction of DMPA into the Philippines and on maintaining the achievements of the Child Survival Program.

Specific Scope of Work:

- (1) Assist the Dmpa Task force to prepare for the introduction of DMPA into the Philippines in 1994, including medical, training, logistics, and IEC components of the program.

Performance Benchmark: Preparations for DMPA introduction are in place, including training of providers, IEC materials, and logistics.

- (2) Assist the Micronutrient Malnutrition Program through technical support for National Micronutrient Day (NMD) scheduled for October 16, 1993.

Performance Benchmark: Report which analyzes the main factors determining the outcome of NMD.

- (3) Strengthen the capability of OSC and MCH staff regarding the planning and management of Women's Health and Safe Motherhood initiatives;

Performance Benchmark: Outline of the main components of the DOH Women's Health/Safe Motherhood program, including the control of reproductive tract infections among women.

- (4) Support the efforts of the OSC to manage the LGU Assistance component of the upcoming USAID-funded "Integrated FP/MCH Project".

Performance Benchmark: A management mechanism is in place which enables the OSC to strengthen the capability of the LGUs to implement FP/MCH services.

The following workplan is based on the above Scope of Work, as included in MSH's amended Child Survival Contract with USAID. It is the intent of this workplan to focus Dr. Solter's activities within a few relevant areas, rather than try to accomplish a large number of widely-scattered objectives. There are four specific tasks in the above Scope of Work. The 10-month workplan consists of specific activities needed to accomplish these four tasks as well as the "performance benchmark" required for each task.

Most of the items in the workplan require the active cooperation of colleagues in the DOH as well as those working for LGUs.

TASK NO. 1

Assist the DMPA Task Force to prepare for the introduction of DMPA into the Phil. in 1994, including medical, training, logistics, and IEC components of the program.

A. Obtain approval for service delivery guidelines

B. Obtain agreement from DMPA Task Force regarding DMPA introduction strategy and phasing

C. Coordinate DMPA introduction efforts, including TA, training, logistics, IEC, & medical/clinical standards

D. Oversee inclusion of DMPA into the relevant information systems

TASK NO. 2

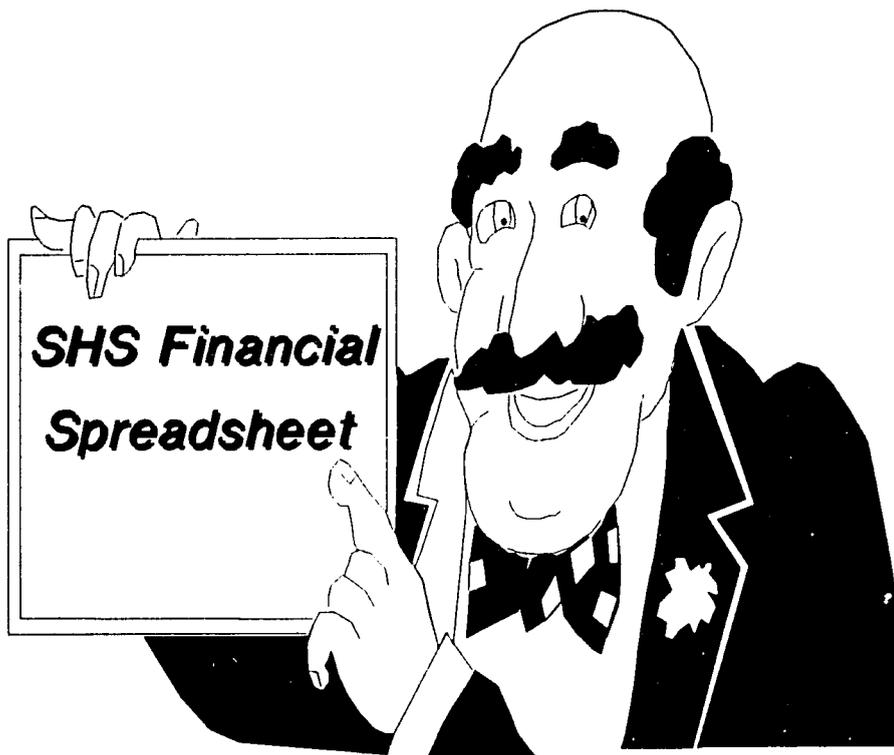
Assist the micronutrient Malnutrition Program through technical support for National Micronutrient Day (NMD) scheduled for October 16, 1993

A. Prepare Volunteer's guide for NMD

B. Develop Monitoring and Evaluation Plan for NMD

C. Write Report Analyzing Factors Affecting Outcome of NMD

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Assist the DMPA Task Force to prepare for the introduction of DMPA into the Phil. in 1994, including medical, training, logistics, and IEC components of the program.											
A. Obtain approval for service delivery guidelines											
B. Obtain agreement from DMPA Task Force regarding DMPA introduction strategy and phasing											
C. Coordinate DMPA introduction efforts, including TA, training, logistics, IEC, & medical/clinical standards											
D. Oversee inclusion of DMPA into the relevant information systems											
Assist the micronutrient Malnutrition Program through technical support for National Micronutrient Day (NMD) scheduled for October 16, 1993											
A. Prepare Volunteer's guide for NMD											
B. Develop Monitoring and Evaluation Plan for NMD											
C. Write Report Analyzing Factors Affecting Outcome of NMD											



PHILIPPINES CHILD SURVIVAL PROJECT
SHS FINANCIAL SPREADSHEET
 TECHNICAL ASSISTANCE AO550
 INCLUDES ACCOUNTING DATA THROUGH OCTOBER 1993

AO550	CONTRACT BUDGET	EXPENDITURES TO DATE FROM INCEPTION	BALANCE REMAINING	PERCENTAGE OF BUDGET REMAINING	EXPENSE MONTHS REMAINING	AVE. EXP. / MONTH FOR LIFE OF PROJECT (48 MONTHS)	AVE. EXP. / MO. SINCE INCEPTION JUNE 1, 1990	AVE. EXP. / MO. BASED ON MONTHS REMAINING
1. SALARIES	\$777,836.00	\$717,493.46	\$60,342.54	7.8%	5.5	\$16,909.48	\$17,715.89	\$10,971.37
2. OVERHEAD	\$625,919.00	\$583,523.28	\$42,395.72	6.77%	5.5	\$13,606.93	\$14,407.98	\$7,708.31
3. CONSULTANTS	\$16,590.00	\$16,590.28	(\$0.28)	-0.00%	5.0	\$360.65	\$404.64	(\$0.06)
4. TRAVEL AND TRANSPORT	\$149,900.00	\$102,631.22	\$47,268.78	31.53%	5.0	\$3,258.70	\$2,503.20	\$9,453.76
5. ALLOWANCES	\$235,849.00	\$175,957.76	\$59,891.24	25.39%	5.5	\$5,127.15	\$4,344.64	\$10,889.32
6. SUBCONTRACTS	\$1,400,746.00	\$1,290,652.60	\$110,093.40	7.86%	5.0	\$30,451.00	\$31,479.33	\$22,018.68
7. PARTICIPANT TRAINING RESEARCH STUDIES FUND	\$3,380.00	\$3,380.00	\$0.00	0.0%	5.0	\$73.48	\$82.44	\$0.00
8. OTHER DIRECT COSTS	\$119,832.00	\$110,334.35	\$9,497.65	7.9%	6.0	\$2,605.04	\$2,758.36	\$1,582.94
TOTAL COST	\$3,330,052.00	\$3,000,562.95	\$329,489.05	9.9%		\$72,392.43		
FIXED FEE	\$35,578.00	\$33,839.24	\$1,738.76	4.9%		\$773.43		
TOTAL COST PLUS FIXED FEE	\$3,365,630.00	\$3,034,402.19	\$331,227.81	9.8%		\$73,165.87		

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