

Annual Report

October 1, 1997 - September 30, 1998

Management Sciences for Health
Philippines Program Management Technical Assistance Team Services (PMTAT)
USAID Contract Number: 492-0480-C-00-5093-00

PMTAT ANNUAL PERFORMANCE REPORT

Program : Integrated Family Planning Maternal Health Program (IFPMHP)
Contract No. : 492-0480-C-00-5093-00
Contractor : Management Sciences for Health
Reporting Period : From October 1, 1997 – September 30,1998

SECTION I - SUMMARY OF ACCOMPLISHMENTS

The focus of the PMTAT's activities during the year was to respond to the recommendations of the assessment teams tasked to conduct the mid-term project review. In this regard, the following are the highlights of the team's accomplishments:

1. Streamlining of LPP and LGU benchmarks

The PMTAT engaged the services of Drs. Jack Reynolds and Robert Timmons to develop a proposal to streamline the IFPMHP benchmarks. Based on the proposal, a series of discussions with DOH and USAID were initiated by the team culminating in the issuance of a project implementation letter which effectively modified the LPP and LGU benchmarks. The changes make the program more performance based, provide the LGUs with more flexibility for decision-making and reward LGUs which perform well.

2. Strengthening of Regional Capability

The PMTAT continued to pursue activities aimed at strengthening the regional technical assistance teams. The team conducted a facilitators training to help improve the facilitation skills of the RTAT members. The training course included a practicum phase where the regional participants were given an opportunity to demonstrate their skills.

3. Simplifying the LGU Planning Process and Involvement of Municipalities

The team initiated activities to simplify the preparation of LGU plans. Qualitative questions in the SA guide were eliminated and the review process shortened. The process also provided a mechanism for involving municipal officials during the preparation of the comprehensive plans. The modified LGU planning process was successfully field tested in two LGUs.

4. Institutionalizing MIS Activities

The preparation of the 1997 FP, MCH, Nutrition Status Report was accomplished through the efforts of the technical staff from the FP, MCH and Nutrition Services. In addition, the design and development of the data for decision-making handbook for service providers was done in partnership with the staff of the Health Intelligence Service of DOH.

Aside from responding to the results of the mid-term assessment of the IFPMHP, the PMTAT successfully implemented the following activities as reflected in its annual workplan:

1. Development and Implementation of a Quality Assurance Program for the DOH

The PMTAT successfully initiated activities to develop a quality assurance plan for the DOH. The plan utilizes a certification/recognition program to promote the readiness of LGU facilities to delivery selected public health services and a continuous quality improvement process to improve the quality of health services. The team also triggered the translation of national standards into health facility assessment tools to be used in the certification program. Through the team's efforts the QAP has found a home in the Office of Standards and Regulation of the DOH.

2. Development of a Strategy to Improve FP, MCH and Nutrition Services in Urban Areas

The PMTAT assisted the DOH in developing a strategy to facilitate the expansion of FP, MCH and Nutrition Services in urban areas. The strategy consists of four main approaches: Focusing public sector resources on the urban poor, expanding the role of NGOs and the private sector, developing a program for adolescents and young adults and developing the capability of urban LGUs to manage urban health services. Tools and instruments used by the team had been modified to be consistent with the urban strategy.

3. Conduct of Regional and Provincial Program Reviews as Part of the Promotion of Technical Exchange among LGUs

The PMTAT initiated the conduct of 45 provincial and 16 regional program reviews. The program reviews provided a form for reviewing the progress of the LGUs in implementing the program and in identifying LGU best practices. As a result of these activities 80 LGU best practices have been identified and shared.

4. Conduct of Training Courses for LGUs and Field Testing of the New Training Program

The new training program was field tested in 4 LGUs. The results of the field test and a subsequent review of the training program by a consultant showed that a redesign is necessary.

Even as the new training program was under review, the PMTAT continued to help

implement LGU training activities using the old curriculum. A total of 57 courses were conducted with 1038 LGU service providers trained.

5. Developing a Framework for Improving Program Sustainability

The PMTAT engaged the services of a consultant who assisted in the development of a framework for improving program sustainability. The framework involves the measurement of the LGUs current level of fiscal effort and proposes to use that information to leverage more support through a variety of measures including a matching grant program. In addition, a cost-estimation analysis was initiated to determine program costs as a basis for cost-sharing discussions between the DOH and LGUs.

6. Launching of the Sustansya Para sa Masa Program

The PMTAT provided technical assistance to the OPHS and the National Nutrition Service in conceptualizing and launching of the Sustansya Para sa Masa Program. The program aims to invigorate the nutrition program and make nutrition services more widely available and accessible. An important feature of the program is the fortification of wheat flour with Vitamin A to complement other measures to eliminate Vitamin A deficiency.

SECTION II - DETAILED REPORT

A. BACKGROUND

The primary objective of the IFPMHP Program and USAID ' s S.O. 3 is to reduce population growth and fertility rates, increase contraceptive prevalence and expand family planning utilization by high risk women, following an integrated approach of linking family planning with key maternal and child health interventions. Particular attention is being given to accelerating FP/MCH activities in urban areas and in improving sustainability of FP/MCH services at the LGU level.

The Contractor provides assistance to the Department of Health and to selected LGUs in developing, managing and sustaining their FP/MCH programs. As such, the Contractor is responsible for technical support in a number of specialized areas, including information collection and dissemination activities.

The Contractor ' s major performance objectives for the duration of the Contract are:

- A. Performance Objective 1: Not less than 75 local government units (LGUs) will be able to plan, implement, manage sustainable FP/MCH services.
- B. Performance Objective 2: The Department of Health (DOH) will expand and improve a set of core activities inherent to the government-managed FP/MCH programs that are most efficiently and effectively handled on a nationwide basis (e.g., IEC, OR, Training, Advocacy, Service Delivery Standards, MIS).

In addition, seven specific outputs have been included in the Contract toward the attainment of these Performance Objectives. These are:

1. System for strengthening the provision of FP/MCH training to service providers.
2. System for monitoring and provision of information to program managers that will facilitate improving the efficiency and effectiveness of FP/MCH programs.
3. System for developing and implementing special program strategies for FP/MCH in urban areas.
4. System for updating and disseminating service standards and mechanisms for their compliance at the health facility level to ensure high quality services.
5. System for ensuring the continued implementation of appropriate FP/MCH programs.
6. System for managing the LGU Performance Program (LPP).

7. System for monitoring and documenting the progress of benchmark achievement under S.O.3. for purposes of the performance-based tranche disbursements.

<p>The National Service training benchmarks will have to be modified as the training materials are still undergoing further improvement. Operational and financial guidelines for the conduct of FP courses at the LGU level using the new curriculum need to be developed and approved.</p> <p>The role of subcontractors need to be reassessed in the light of the results of the field test and consultancy report of Ms. Cathy Solter.</p>	<p>Discussion with DOH and USAID were favorable to the proposal to modify the NS training benchmark. Negotiations with institution to support the further improvement of training materials are ongoing.</p> <p>A consultant, Mr. Frederick White will be coming in October to draft the financial guidelines for the implementation of the new training program.</p> <p>Meetings with subcontractors were held and their continued involvement with the project taken up.</p>
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<p>1e. Planned Activities for the Next Year</p>
<ol style="list-style-type: none"> 1. Finalize training materials. 2. Revise Training Implementation Plan. 3. Prepare financial and operational guidelines for implementation. 4. Training of Regional and LGU trainers. 5. Roll-out of the new training program.

Output 2 - System for monitoring and provision of information to program managers that will be facilitate improvement of efficiency and effectiveness of FP, MCH and Nutrition programs

<p>2a. Annual Targets</p>	<p>2b. Accomplishments (October 1997-September 1998)</p>
<p>1997 LPP Multi-indicator Cluster Survey (LPP MICS) conducted, data analyzed, presented and report submitted in 46 LGUs</p> <p>1998 LPP Multi-indicator Cluster Survey conducted, data analyzed, presented and report submitted in at 21 LPP LGUs by October 1998</p>	<p>The results of the 1997 LPP MICS for the 46 participating LGUs were analyzed and synthesized. A formal presentation of the results was prepared and presented in January during the monthly CA's meeting at USAID. A synthesis report (IFPMHP Update, May 1998) was finalized and printed last April. This summary report presents data by key indicators for all 46 LGUs. The report was widely distributed in all LPP LGUs and their respective municipalities and cities, Regional Offices, CAs, and other concerned agencies. The report was also made available during the Pre-Nutrition Summit last July.</p> <p>The LPP MICS questionnaire and survey methodology was revised based on lessons learned from the 1997 surveys and to incorporate suggested revisions proposed in the LPP Mid Term Assessment. Key revisions included: expanding the random walk and reducing the reference population to 12-23 months from 12-59 months for the FIC indicator used last year. A new questionnaire and a revised 1998 LPP-MICS Field Interviewers Manual were prepared. Two orientation workshops for the 21 Pink LGUs, Ris and Regional representatives were conducted</p>

<p>1997 Family Planning, Maternal and Child Health, and Nutrition Status Report produced by June 30, 1998</p>	<p>last April 27-28 and April 29-30, 1998. Two similar orientation workshops were also conducted last August for the 19 new LGU invitees (Yellow Batch) to establish baseline data for their multi-year LPP comprehensive plan prior to full LPP implementation in 1999. These surveys were scheduled to be conducted during the third and fourth quarter of 1998.</p>
<p>Strengthening Institutional Capability of DOH</p>	<p>Institutionalization of the writing and production of the 1997 Status Report was initiated during the last quarter of 1997. The Family Planning, Maternal and Child Health, and Nutrition Services of DOH identified one staff each to assume the responsibility for the collection and collation of data and writing up the 1997 FP/MCH/Nutrition Status Report. This working group has been formalized (Office Order No. 106 Series of 1998) and will be responsible for producing the 1997 report and the following yearly status reports thereafter. The working group is composed of Dr. Juanita Basilio (MCHS), Dr. Jocelyn Ilagan (FPS), and Ms. Elizabeth Joven (NS). Each member of the working group was responsible for the collection and collation of data, and writing up of their respective service status report. The PMTAT (MSH) assisted in the integration of the individual status reports. The Management Sciences for Health (PMTAT) will continue to assist but primary responsibility in formulating the status report has been transferred to DOH. The 1997 FP/MCH/Nutrition Status Report was finalized and submitted by DOH to USAID on 29 June, ensuring the achievement of the benchmark. The report has been printed and will be widely distributed to LGUs, Regional Offices, and other concerned agencies by the fourth quarter.</p>
<p>Improving Data Utilization at the Municipal level</p>	<p>During the last quarter of 1997, the plan to jointly develop a training course on data utilization for health workers was finalized between the Health Intelligence Service (DOH) and MSH (PMTAT) in the last quarter of 1997. Two consultants from MSH-BOSTON provided support to the initiative during the first quarter of 1998. Regional/provincial/city visits were conducted jointly by HIS and MSH to assess the level of skills and need for training on data utilization of health workers. A meeting with former Data for Decision-Making (DDM) Project coordinators was also conducted to gather insight and experiences from the concluded USAID-assisted DDM project. Based on information from these meetings, an innovative training model that follows a Team Training Process was designed. The training methodology hopes to work together better as a Health Team build support for their activities in the community develop tools that will help them analyze and manage their efforts better.</p> <ul style="list-style-type: none"> ✓ understand their community's health needs ✓ use their data to identify problems in health status and health services

	<ul style="list-style-type: none"> ✓ identify ways to improve their serviceswork together better as a Health Team ✓ build support for their activities in the community ✓ develop tools that will help them analyze and manage their efforts better <p>The training focuses on how to manage and provide public health services by using real local data for planning and problem solving in an environment that simulates actual working experience. The training includes 8 modules or exercises:</p> <ol style="list-style-type: none"> 1. How to Develop a Community Health Profile 2. How to Meet the Community's Health Needs 3. How to Work in the Heath Team 4. How to Measure Public Health Needs 5. How to Set Targets for Health Programs 6. How to Show and Understand Our Health Programs Performance 7. How to Translate Decisions into Plans 8. How to Convince Others to Take Action <p>The training methodology and training modules developed will be pilot-tested in one urban health center (Las Piñas) and one rural health center (Balagtas, Bulacan) during the fourth quarter of 1998. A final pre-test is scheduled early next year before the finalization of the training methodology and modules. Funds for printing the training modules have been allotted by the Health Intelligence Service for the nationwide introduction of this training course.</p>
2c. Problems/Issues	2d. Actions Taken/Recommendations
<p>Some LGUs encountered delays in entering into a contract with research institutions for the conduct of LGU cluster surveys. One of the reasons for this delay is the reluctance of some LGU officials to negotiate with the research institutions without the benefit of a formal bidding process due to COA regulations. Some newly elected LCEs were not aware of the need/importance to conduct a cluster survey as vital part of the LPP planning process. Another reason is the delay of release of survey funds because the contract between the LGU and RI is being questioned by newly Local Chief Executives (LCEs).</p>	<p>Concerned RTAT members were advised to assist LGUs to orient newly elected LCEs, Sangguniang Panlalawigan/Panglungsod and other LGU officials (treasurer, accountant, auditor, etc.) about the LPP Program and the need to conduct cluster surveys.</p>

<p>The pilot-testing of the data utilization training course scheduled in the third quarter was delayed because of on-going national health activities (e.g. Measles Elimination Campaign). All health related training and workshops were postponed until after the campaign.</p>	<p>Pilot – testing in the two selected health centers were re-scheduled to the last quarter of 1998.</p>
<p>2e. Planned Activities for the Next Year</p>	
<ol style="list-style-type: none"> 1. Pre-test of the data utilization training modules in one urban and one rural health center. 2. Assist LGUs/Regions review and approve final reports of the 1998 LPP-MICS. 3. Revise data utilization training course if needed depending on the pilot-test results and evaluation. 4. Conduct of Training on Data Utilization 5. Monitor implementation of data utilization activities including good practices. 6. Consolidate, analyze MICS reports and prepare MICS report. 7. Printing of MICS report. 8. Provide TA to NTAT in preparation of 1998 Annual report for FP / EPI / CDD / CARI / Nutrition. 	

Output 3 - System for developing and implementing special program strategies for urban areas

<p>3a. Annual Targets</p>	<p>3b. Accomplishments (October 1997 - September 1998)</p>
<p>DOH FP/MCH/N Urban Strategy approved by the DOH and USAID</p> <p>Urban LGUs prepare 1999 plan based on approved Urban Strategy</p>	<p>The Urban Strategy was finalized and approved in April 1998. The strategy adopted the following approaches to expanding the delivery of FP/MCH services in urban areas.</p> <ul style="list-style-type: none"> • Focusing public sector services and resources on the urban poor • Expanding NGO/Private sector services for clients who can afford those services • Developing a program for adolescents and young adults • Developing the capability of urban LGUs to implement the urban strategy.

	To facilitate the implementation of the Urban Strategy, the PMTAT tailored the instruments and tools to the needs of urban LGUs: the inclusion of specific question for urban areas in the 1998 cluster surveys; breaking out data by urban health /rural; modification of the health facility assessment tools for urban health centers and modification of the health planning process for urban LGUs.
3c. Problems/Issues	3d. Actions Taken/Recommendations
Recruitment for the Urban Health Advisor continues to be an issue.	Given the difficulties in getting an Urban Advisor and the integration of the urban approaches in to the LPP and the other components of the project, the PMTAT recommends that the Urban Advisor position be abolished. The PMTAT will continue to adopt the strategies and promote their utilization by the urban LGUs.
3e. Planned Activities for the Next Year	
Discuss with USAID the phasing out of Urban Health Advisor position.	

4. Output 4 – System for strengthening mechanisms within the DOH to ensure that FP and MCH service standards are kept updated and current, and that these service standards are being disseminated and applied nationally

4a. Annual Targets	4b. Accomplishments (September 1 – October 1998)
FP/MCH Nutrition Quality Improvement program developed, pilot-tested, revised and ready for national implementation	The DOH Secretary approved and issued the Quality Assurance Program plan (QAP) on April 30, 1998. The framework of the QA program contained two basic approaches to improve quality of services: one, based on a recognition / certification of health facilities and second, based on total quality monitoring process or continuous quality improvement program.

The Quality Assurance Health Facility Assessment module had been finalized after several consultations at all levels . The instrument was thoroughly pretested to ensure its applicability, doability and acceptability by health workers. The tool was adapted for use by the LPP component of the project as the basis for the Situation Analysis Modules for LGUs. The project now has one tool that can serve the basic needs of both the Quality Assurance Program as well as providing the needed information for LGU planning.

Other important activities/development of QA program:

- An Orientation Meeting on QAP for DOH Top Management was conducted jointly by MSH and WHSMP on May 6. Full support for the QAP was expressed by top management. Additionally, it was decided that additional DOH offices other than the OSC would also benefit from such training and that training should be expanded. Three follow-on orientation meetings on QA principles, were conducted by the WHSMP staff for all OSC services during the months of May and June.
- Orientation of the DOH regional directors in the QAP framework was done during their August monthly meeting.
- The QAP especially the certification component will be implemented nationwide under the office of the Undersecretary for Standards and Regulations specifically the Bureau of Licensing and Regulations. Sentrong Sigla has been adopted as the term for health facilities which will be certified to pass the requirement of QAP.
- Copies of the approved QAP plan and QA flyers were made and distributed during special events, e.g. Pre-Nutrition Summit , Malacanan Launching of Pan de Bida (Vitamin A fortified bread). An IEC/ advocacy tool was developed to support launching and advocacy for QAP .
- Coordination meeting with DLSU-SDRC was held to identify areas for possible collaboration and avoid potential overlaps. MSH also participated in the first National Conference on FP-QA sponsored by DLSU and attended by some LGUs.
- Distribution of the RH/FP Clinical Standards Manual (12,000 copies) started during the second week of June.

4c. Problems/Issues	4d. Actions Taken/Recommendations
<p>Implementation was affected by the one month Philippine Measles Elimination Campaign and the changes in the DOH management.</p> <p>Delay in the distribution of the FP Clinical Standards Manual</p>	<p>Discussions with OPHS and OSR resolved the issue of where the QAP belongs. The undersecretary for OSR has taken a strong interest in the program.</p> <p>Because of the problems faced by DOH with its freight forwarders, distribution of the manuals was affected. FPS conducted discussions with DOH management to explore ways to bring out the contraceptives (and other commodities piggy backing on the system). Distribution of the manuals is now in progress.</p>
4.e. Planned activities for the Next Year	
<ol style="list-style-type: none"> 1. Training of QAP assessment teams – national , regional and provincial level. 2. Promotion of QAP. 3. Provide technical assistance to QAP assessment teams and QAP implementation. 4. Organize bi-annual awarding ceremonies for Sentrong Sigla Health Centers and LGUs. 5. Conduct regular consultative meetings with QAP teams. 6. Continue coordination meetings with other projects of assistance and CAs. 7. Conduct coordination with other CAs and projects re: CQI training curriculum development. 	

5. Output 5 - System for ensuring the continued implementation of appropriate FP, MCH and Nutrition programs

5a. Annual Targets	5b. Accomplishments (October 1, 1997 - September 1998)
<p>MOU/Joint Resolution signed by the DOH and the LGU Leagues clarifying their roles and responsibilities for FP/MCH services</p> <p>LGUs prepare Work and Financial plans with increasing LGU contribution to FP/MCH program</p>	<p>There was a delay in pushing forward discussions on cost-sharing between the DOH and LGUs mainly because of the elections and changes in the administration within the DOH. The team initiated efforts in estimating program costs and with the assistance of a consultant identified existing models of cost estimation which can be adapted locally.</p> <p>The Sustainability Advisor prepared a report on the compliance of LGUs (29 out of 67) to the HES Executive Memorandum. The report was presented during the regional planning workshops as an input to the preparation of the RTAT's workplan.</p> <p>The team hired a consultant to develop a framework for improving program sustainability especially at the LGU level. The consultant assisted in developing a proposal which utilizes an approach based on estimating an LGUs level of fiscus effort in terms of its support to public health programs.</p>

<p>Sustainable approaches identified, documented, and shared with other LGUs</p>	<p>The following sustainable approaches were identified as strong candidates for sharing at the national conference:</p> <ol style="list-style-type: none"> 1. Inter-LGU/NGO Health Cooperation in Negros Oriental <ul style="list-style-type: none"> - Metro Dumaguete LGU-LGU Health Cooperation - Negros Oriental LGU/NGO Workshop on Sustainable Health Financing - Negros Oriental/Occidental Inter-Provincial Health Collaboration - Negros Oriental Maximizing Resource Utilization Through Accessing Private Sector Support for Hospital 2. "Peso for Health" Community Health Financing in Guihulugan, Negros Oriental as Model in community-initiated insurance scheme. 3. Region 10 provinces showing innovative/varying approaches in budget allocations in support for a sustainable FP/MCH Services
<p>5c. Problems/Issues</p>	<p>5d. Actions Taken/Recommendations</p>
<ol style="list-style-type: none"> 1. Changes of key LGU officials as a result of the elections may hamper/disrupt continuity of certain initiatives. Ex: Metro Dumaguete Health Initiative. 2. New leadership of LGU Leagues may not fully support certain LPP program objectives. Ex: Family Planning 	<ol style="list-style-type: none"> 1. Strengthen involvement of focus on career LGU department heads to ensure continuity/sustainability of any initiative. 2. Identify other key officials within the Leagues to champion our program objectives and adopt their LGUs as pilots/demo areas.
<p>5e. Planned Activities for the Next Year</p>	
<ol style="list-style-type: none"> 1. Completion of the framework and finalization of the proposed cost-sharing scheme rational roles of DOH and the different levels of LGUs in FP/MCH services. 2. Technical Assistance to LGUs in support of Sustainability which may include among others: <ul style="list-style-type: none"> - Drug Procurement Process Reengineering, and - Inter-LGU Health Cooperation Initiatives 3. Survey of LGUs on local health legislation in support of sustainability i.e. revenue enhancing legislation like user fees, etc. 4. Workshop on Sustainable Health Financing Through Integrated Health Planning and Budgeting. 5. Continuing identification/documentation/dissemination of sustainable approaches to FP/MCH services. 	

6. Output 6.- System for managing the LGU Performance Program

6a. Annual Targets	6b. Accomplishments (October 1, 1997 - September 1998)
<p>Not less than 61 of 67 LGUs and 14 of 18 newly selected LGU meet their benchmarks.</p>	<p>The LPP underwent a series of changes during the year. The mid-term assessment of LPP revealed a number of issues and concerns which the team responded to. Among the activities undertaken by the team are the following:</p> <ul style="list-style-type: none"> • <i>Modification of the LPP Planning Process</i> <p>The PMTAT engaged the services of Dr. Jack Reynolds and Dr. Robert Timmons to propose changes in the IFPMHP benchmarks. The recommendations of the two consultants were extensively discussed with DOH and USAID. The changes resulted in making the program more performance-based, allowed the LGUs more flexibility and space for decision-making and provides additional incentives to LGUs to perform better.</p> <ul style="list-style-type: none"> • <i>Strengthening of regional capability to provide technical assistance to LGUs</i> <p>One of the major recommendations of the assessment team is the development of the regions in providing assistance to LGUs. The PMTAT with the assistance of a consultant conducted a facilitators course for the members of the RTAT. The course included a practicum phase where two of the 21 newly selected LGUs were preparing their strategic plans.</p> <ul style="list-style-type: none"> • <i>Simplifying the LGU Planning Process and Expanding the Participation of Municipalities in the Preparation of LGU plans</i> <p>The following are the significant changes made in terms of improving the LGU planning process:</p> <ol style="list-style-type: none"> 1) the process is shortened as technical review and feedback to program coordinators will be done during the planning workshop; 2) Expansion of the coverage of the planning process with the participation of the municipal government/ service providers as they are the implementors of the health programs; 3) The LPP tools/forms to support LPP assessment of current situation had been reduced from 18 to 6 pages by eliminating unnecessary qualitative questions; 4) population based data will be generated in time for the planning process; 5) plan will be endorsed not only by the LCE but also by Sanggunian to ensure that local health and population offices lobby for more LGU resources; 6) RTATs will be the primary provider of technical assistance while NTAT and PMTAT will only backstop.

	<p>The LPP assessment tools had been pretested in Paranaque City and Cavite. It was generally found easy to understand and accomplish.</p> <p>This modification of the LPP Planning process needed technical contribution from the PMTAT in the following:</p> <ul style="list-style-type: none"> ✓ Modification of the LPP Planning framework, schedules, standards, milestone; ✓ Revision and updating of the workshop design and materials, participants and facilitators kit; ✓ Holding of the MICS orientation for the yellow LGUs as well as pink LGUs; ✓ Revision/ simplification of the inventory forms which became the health facility assessment modules; ✓ Preparation of a guide to strategic planning for the use of new and continuing LGUs; ✓ Orientation of the RTAT/NTAT on the new processes; <p>and,</p> <ul style="list-style-type: none"> ✓ Test run of the revised workshop design in 1 province and 1 city. <ul style="list-style-type: none"> • <i>Launching of Sustansya Para sa Masa Program.</i> PMTAT actively played a role in the preparation of the Launching of Sustansya Para Sa Masa (Pan de Bida) and conduct of the Pre – Nutrition Summit. TA and administrative support were provided to OPHS and the National Nutrition Service.
<p>6c. Problems/Issues</p>	<p>6d. Actions Taken/Recommendations</p>
<p>Some LCEs are not oriented on LPP as RTAT members are all busy with the one month PMEC activities.</p> <p>The holding of the national level sharing of good practices did not push through as scheduled primarily due to change in the over-all design of the conference and due to the need for improving some of the documentation of LGU good practices.</p>	<p>NTAT / PMTAT / PMO field visits include briefing of LCEs on LPP and status of implementation. RDs had been informed of this problem. RTAT will also include visit to LCEs during the monitoring visit for PMEC.</p> <p>Timetable of activities for the preparation and the conduct of the LGU summit has been adjusted to give enough time to make the necessary preparations.</p>
<p>6e. Planned Activities for the Next Year</p>	
<ol style="list-style-type: none"> 1. Provide technical assistance to the Yellow LGUs in the formulation of their Strategic Plans. 2. Finalize RTAT assessment tools to further strengthen the regions. 3. Conduct planning and recognition workshops for the LGUs p which graduated from the program. 4. Assist NTAT/RTAT in the updating of plans for continuing LGUs adopting the methodology of yellow LGUs. 	

- 5. LGU technical exchange
 - Preparation of Compendium of Good Practices containing abstracts of the 85 good practices.
 - Conduct of orientation workshop cum writeshop for LGU presentators on various methods of preparing visual presentation
 - Assist in packaging LGUs good practices
 - Conduct of LGU Performance Summit (January)
 - Provision of technical assistance to RTAT / LGUs in organizing / conducting good practice – related observation tours.
- 6. Provide technical assistance to LGUs which have difficulty in achieving targets for CPR, FIC and TT2.
- 7. Pursue discussions with DOH and USAID on other interventions to maximize program impact.

7. Output 7 - System for monitoring and documenting the progress of benchmark achievement under S.O. 3 for the purposes of the performance-based tranche disbursement

7a. Annual Targets	7b. Accomplishments (September 1, 1997 – October 1998)
<p>Midyear benchmark review conducted by June 30, 1998.</p>	<p>The 1998 mid-year benchmark review was conducted on June 25. A number of issues were taken up especially the proposed changes in the LPP and LGU benchmarks. Given the agreement to go ahead with the proposed changes, the PMTAT initiated the following activities to ensure that the new benchmarks are properly disseminated and understood.</p> <ol style="list-style-type: none"> 1. Orientation of the Regions on the new LPP benchmarks The new benchmarks were presented and discussed with the regions during the regional program reviews. The RTAT were encouraged to discuss and negotiate the new benchmarks with the LGUs. 2. Benchmark Negotiations with LGUs The team facilitated the conduct of negotiations with the 50 LPP participating LGUs (15 LGUs were exempted since they already met the end-of- project benchmarks). Based on the outcome of the negotiations, the LGUs were encouraged and assisted to make the necessary changes in their workplans. <p>Other related activities of the PMTAT:</p> <ol style="list-style-type: none"> 1. Conduct of Provincial and Regional Program Reviews The PMTAT as part of the effort to promote technical exchange among LGUs initiated the conduct of 45 provincial

	<p>and 16 regional program reviews. These activities were intended to identify lessons learned, success stories and best practices which impact on performance so that LGUs can learn from each others experiences. More than 200 presentations were made and 80 were identified by the LGUs as best practice which will be presented during the LGU summit scheduled in the last quarter of 1998.</p> <p>2. Conduct of Program Review of MCH Service The PMTAT assisted the MCH Service in designing and facilitating a workshop for LGUs which had low FIC and TT2 coverages based on the MICS. The output of the workshop was an acceleration plan for these LGUs.</p>
7c. Problems/Issues	7d. Actions Taken/Recommendations
<p>There are some concerns that the interim benchmarks of the LGUs which are based on inputs may divert attention away from activities which lead to results and performance.</p>	<p>The PMTAT will pursue discussions with DOH and USAID to further streamline the LPP and LGU benchmarks.</p>
7e. Planned Activities for the Next Year	
<ol style="list-style-type: none"> 1. Facilitate the conduct of regular meetings of the NAC and the NS and LPP components. 2. Continue to initiate regular cluster meetings. 3. Develop proposal to make LPP more impact-oriented. 4. Conduct LGU summit. 5. Conduct mid-term benchmark review in 1999. 	

SECTION III - TECHNICAL ASSISTANCE

Name of Consultant	Date of Visit	Tasks Completed
1. Ms. Margaret Hume	September 29 - October 3, 1997	<ol style="list-style-type: none"> 1. Facilitated annual PMTAT Planning Workshop 2. Participated in discussions on LGU to LGU sharing
2. Dr. Stephen Solter	October 7 - November 7, 1997	<ol style="list-style-type: none"> 1. Reviewed and revise draft of the urban strategy 2. Discussed the revised urban strategy document with USAID, DOH and TWG. 3. Finalized the urban strategy based on suggestions and inputs from the major stakeholders
3. Stephen Solter	January 7-16, 1998	<ol style="list-style-type: none"> 1. Assisted in facilitating the Quality Improvement Workshop in January 8 and 9 2. Provided inputs to the development of the Quality Improvement Plan. 3. Reviewed and finalized the urban strategy document. 4. Participated in discussions within the PMTAT concerning the LGU technical conference.
4. Robert Timmons	February 8-28, 1998	<ol style="list-style-type: none"> 1. Assisted PMTAT in the final analysis and in finalizing the 1998 multi-indicator cluster survey methodology and LGU/RI handbook for the survey. 2. Assisted PMTAT in finalizing and field testing of the health facility assessment instrument for the Quality Improvement Program. 3. Assisted PMTAT and the DOH in collecting and designing materials for the decision-making course for the DOH/HIS.

Name of Consultant	Date of Visit	Tasks Completed
5. Robert Timmons	March 16-April 10, 1998	1. Reviewed and made recommendations on the IFPMHP end-of-project benchmarks and annual indicators, targets and benchmarks with focus on the intermediate Results # 2 (IR2).
6. Margaret Hume	March 12-26, 1998	1. Assisted PMTAT in the development/design of tools and instruments needed for the regional program reviews towards development of an effective model for the promotion of technical exchange among LGUs. 2. Participated in the discussions with Dr. Timmons and other TDYers during the period to strengthen the IFPMHP indicators and benchmarks.
7. Margaret Watt and Scott Mckeown	March 22-April 4, 1998	1. In coordination with the PMTAT and DOH/HIS, designed and developed a draft module of "Course on Using Information to Monitor FP, MCH and Nutrition Services" for service providers.
8. Jack Reynolds	March 21-April 8, 1998	1. Conducted an in-depth analysis of the IFPMHP indicators, targets and benchmarks and made recommendations on their appropriateness; proposed revisions on the project's benchmarks with focus on the intermediate results 1 (IR1).
9. Stephen Solter	April 22 - May 8, 1998	1. Assisted the PMTAT in determining the most effective strategies for supporting DOH and USAID achieve project objectives. 2. Reviewed and provided recommendations on the assessment of the new training strategy. 3. Reviewed MSH inputs into the Quality Assurance Plan for technical soundness in time for benchmark compliance on April 30, 1998. 4. Assisted in the orientation of the new LPP Coordinator.

Name of Consultant	Date of Visit	Tasks Completed
10. Robert Timmons	May 2 - June 6, 1998	<ol style="list-style-type: none"> 1. Conducted an analysis of the significant differences of health status and program effectiveness between regional and LGI target populations, and prepared a report on the findings of the analysis. 2. Worked with Dr. Steve Solter in determining the most effective strategies for supporting DOH and the USAID achieve project objectives and respond to proposed changes in the LPP. 3. Assisted in the orientation of the new LPP Coordinator.
11. Ann Buxbaum	August 22 - September 12, 1998	<ol style="list-style-type: none"> 1. Designed and conducted a course for facilitation for DOH regional staff. 2. Reviewed the design of existing venues of interaction between the DOH and LGUs.
12. Cathy Solter	July 9 – 30, 1998	<ol style="list-style-type: none"> 1. Reviewed the new training strategy including the training design and all materials that have been developed. 2. Reviewed the proposed implementation scheme and operational guidelines in the light of information gathered from the field test. 3. Recommended measures to support and strengthen the orderly implementation of the new training program.
13. Anne Terborg	July 14 - 26, 1998	<ol style="list-style-type: none"> 1. Reviewed the new training strategy together with Cathy Solter including the design and all materials that have been developed. 2. Reviewed the proposed implementation scheme and operational guidelines in the light of information and recommend measures to support and strengthen the orderly implementation of the new training program. 3. Provided detailed recommendations to MSH and the DOH for program changes to the training program.

Name of Consultant	Date of Visit	Tasks Completed
14. Steve Solter	August 4 – 20, 1998	<ol style="list-style-type: none"> 1. Assisted in the finalization of the tools and workplan for fast tracking the implementation of the QA program plan. 2. Worked with the PMTAT and other consultants in designing workshops for the newly selected urban LGUs to develop the LGUs comprehensive and multi-year plans. 3. Participated in discussions with PMTAT and USAID on ways of optimizing technical support to the project.
15. Gerald Rosenthal	August 10-22, 1998	<ol style="list-style-type: none"> 1. Worked toward developing a framework/cost model for rationalizing the roles and specific functions of the DOH, provinces, cities, municipalities for FP/MCH services. 2. Assisted the PMTAT plan key sustainability activities for Implementation Year IV (October 1998-September 1999)
16. Robert Timmons	August 22 – October 2, 1998	<ol style="list-style-type: none"> 1. Participated in discussions with respect to the proposed changes IR1 and IR 2 indicators and benchmarks as recommended during the Reynolds-Timmons consultancy. 2. Assisted in the preparations for the launching of the QA program during the National Health Assembly in October 9, 1998. 3. Facilitated the implementation of critical activities under the training strategy.

29 October 1998

**Mr. Charles Lerman
Population Development Officer and COTR
OPHN - USAID
Manila**

Dear Mr. Lerman,

Respectfully submitting herewith the PMTAT annual performance report for the period October 1, 1997 - September 30, 1998.

Please let us know if there are clarifications which are needed relative to this report.

Very truly yours,

**JOSE R. RODRIGUEZ, M.D., M.P.H.
Chief of Party**

cc: Ms. Mary Reynolds, ORP