

Annual Report

October 1, 1998 - September 30, 1999

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

PMTAT ANNUAL 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, 1998 to September 30, 1999

SECTION I - SUMMARY OF ACCOMPLISHMENTS

During the period October 1, 1998-September 30, 1999 the PMTAT was able to assist the project achieve the following important milestones:

1. 28 LPP LGUs Meet their End-of-Project Benchmarks

The LPP technical advisors together with DOH counterparts at the regional level provided technical assistance to the LGUs in developing strategic plans and in the conduct of provincial program reviews. The formulation of strategic plans featured a highly participative planning process with active participation from component cities and municipalities. As a result of this technical assistance, a total of 28 LGUs were able to meet their end-of-project benchmarks. These LGUs joined the program for top performers and were given performance grants.

2. Conduct of the First LPP Summit and LGU Technical Exchange

The PMTAT assisted the DOH in organizing the First LPP Summit which was held on January 25-26, 1999. The summit was designed to promote technical exchange among the LGUs and serve as a venue to recognize top performers. A total of 400 local officials participated in the 2-day conference which featured technical presentations and exhibits from 62 provinces, cities and municipalities. The highlight of the summit was the awarding of plaques of recognition to the 15 LGU top performers.

3. Enrollment of 14 LGUs into the Matching Grant Program

The LPP technical advisors provided technical assistance to the project in setting-up a new program for highly populated cities and municipalities. Based on discussions with the DOH and USAID the Matching Grant Program has been designed as the major strategy to improve the utilization of FP, and child survival services. A total of 14 LGUs are currently enrolled in the MGP.

The team's inputs included the development of the grants application and approval process and the development of tools and interventions for the program.

4. Establishment of LGU Capability to Conduct Clinical FP Training in 72 LGUs

The PMTAT, through a team of local consultants and working with counterparts from the central and regional offices of the DOH was able to develop the capability of 72 LGUs to conduct the new competency-based training program. A total of 394 LGU trainers and preceptors were trained on the new training curriculum and were provided with basic training equipment. This is a significant milestone in terms of localizing national programs as this is the first training program of the DOH to be decentralized to the LGUs.

5. 200 LGU Health Facilities Meet Sentrong Sigla Quality Standards

The team was successful in getting the DOH to adopt the Quality Assurance Program also known as the Sentrong Sigla Program as the major strategy to obtain LGU support for national health objectives and goals. More than 600 LGU health clinics and hospitals were assessed and 200 were found to have met the Sentrong Sigla standards and recommended for certification. The team provided technical assistance in the development of assessment tools and in the training of assessment teams.

6. DOH Adopts LPP Granting Mechanisms Using GOP Funds and Development of the DOH Health Sector Reform Agenda (HSRA)

The PMTAT worked with the DOH to institutionalize the LPP granting mechanisms through the Sentrong Sigla Program. As a result of the the team's advocacy efforts the DOH set aside 147M pesos out of the 1999 DOH budget for the Sentrong Sigla performance grants. The team helped develop the guidelines and the grant allocation model based on population and economic criteria.

The PMTAT also provided technical assistance to the DOH in refining and packaging a health sector reform agenda anchored on the expansion of the NHIP, re-establishment of health districts, improving the fiscal autonomy of government hospitals and improving drug management and procurement. Based on discussions with the DOH and USAID, which called for the HSRA as the major sustainability strategy for the project and upon the request of the Secretary of Health, the team was able to accomplish the following:

- a. Conduct of a comprehensive drug management and procurement study
- b. Development of a national drug procurement and distribution model
- c. Deployment of technical advisors to the DOH to help develop the technical framework for the health reform initiatives

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.

B. SUMMARY BY PERFORMANCE OBJECTIVE/OUTPUT

I. Output 1 - System for strengthening the provision of RH/FP training to service providers

1a. Annual Targets	1b. Accomplishments
<p>New competency-based RH/FP training system established in 50 LGUs and 15 regions</p> <ul style="list-style-type: none"> • SIMs, CBT materials, SOPs for revised training finalized, approved and printed • All regions have trainers trained in new curriculum • At least 50 LGUs have equipment, facilities and trainers needed for the new CBT program 	<p><u>Establishment of new competency-based training system in 72 LGUs and 16 regions</u></p> <p>Following the completion of the field testing of the new training curriculum in March, 1999 and the subsequent modification of the modules and training materials, the PMTAT obtained the services of a team of local consultants to provide technical assistance to the DOH in rolling out the new training program. During the period June 1-September 30, 1999 a total of 394 LGU and regional trainers and preceptors coming from 72 LGUs and 16 regions were trained on the new training curriculum. The LGUs and regions were also provided with basic training equipment such as pelvic and breast models and IUD kits. A summary of the training accomplishments is presented in Appendix I .</p> <p>The development of LGU capability to conduct FP clinical training for service providers is an important milestone not only for the project but also for the DOH as this is the first training program to be decentralized to the LGUs. The new training curriculum is also technically significant as it integrates hitherto fragmented courses in FP and utilizes a competency-based approach focusing on the development of essential clinical skills of health care providers.</p>
1c. Problems/Issues	1d. Actions Taken/Recommendations
None	

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

2a. Annual Targets	2b. Accomplishments
<p>Conduct of 1999 LPP Multi-indicator Cluster Surveys</p> <p>Establishment of Data Utilization Training Program</p> <p>Development of Community-Based Information System</p>	<p><u>40 LGUs conducted MICS</u></p> <p>The Team through the MIS advisor provided technical assistance to 40 LGUs in the conduct of the 1999 MICS. Based on the results of the surveys, 13 more LGUs met their end-of-project benchmarks bringing to a total of 28 the number of LPP top performers.</p> <p><u>Completion of Data Utilization Training Manuals</u></p> <p>The team worked with the Health Intelligence Service of the DOH in pilot-testing the Data Utilization Training manuals which the team developed for the project. The training program is designed to enhance the capability of health managers in using health data and information for decision-making at the local level. Based on the pilot-test, revisions of the manuals were made in preparation for the nationwide implementation of this training program.</p> <p><u>Community-Based Information System Developed</u></p> <p>The PMTAT MIS advisor assisted the DOH in developing a community-based information system which has been applied systematically in all the MGP areas. The CBMIS is a tool which allows health care providers to identify priority clients for service delivery. The system also provides population-based information on program coverage which conventional facility-based systems are unable to provide.</p>
2c. Problems/Issues	2d. Actions Taken/Recommendations
<p>Based on discussions with USAID regarding the use of the National Surveys to estimate provincial accomplishments the use of MICS may no longer be encouraged in the year 2000.</p>	<p>The national rider surveys should be expanded to allow for provincial and even city-level disaggregation.</p>

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

3a. Annual Targets	3b. Accomplishments
Urban Strategy implemented in urban LGUs	(Accomplishments incorporated in Output 6 under MGP)
3c. Problems/Issues	3d. Actions Taken/Recommendations
None	

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
<p>FP/MCH Nutrition Quality Improvement program implemented in all LPP LGUs</p>	<p><u>200 LGU health facilities meet certification standards under the Sentrong Sigla Program</u></p> <p>Through the advocacy efforts of the PMTAT, the DOH adopted the Quality Improvement Strategy also known as the Sentrong Sigla Program as the major strategy to obtain LGU support for national health goals and objectives. Under this program health facilities which meet national standards will be awarded a seal of excellence and can avail of performance grants from the DOH. The program was launched in October of 1998 and the first four municipalities to meet the certification standards were awarded during the LPP Summit in January 1999. As of September 30, 1999 more than 600 health facilities were assessed and 200 were recommended for certification during the national awarding ceremonies on December 14, 1999. The PMTAT provided the technical leadership in the development of this strategy particularly in the development of the following tools, systems, procedures, and materials:</p> <ol style="list-style-type: none"> a. Assessment tools for public health facilities b. Assessment tools for hospitals c. System/Process for assessment and certification of health facilities c. Guidelines for the Sentrong Sigla Performance Grants d. Audio-visual promotional materials e. Training course for members of assessment teams f. Prototype for Sentrong Sigla seal, plaques, and pins
Problems/Issues	4d. Actions Taken/Recommendations
None	None

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

5a. Annual Targets	5b. Accomplishments
<p>Institutionalization of LPP Granting Mechanisms</p>	<p><u>DOH adopts LPP granting mechanisms through the Sentrong Sigla Program</u></p> <p>The team worked with the Internal Planning Service of the DOH to establish the Sentrong Sigla Performance Grants Program. This program is designed to provide financial assistance to provinces, cities and municipalities using GOP funds. The DOH allocated 147 million pesos out of their 1999 budget for this program. This is an important milestone in terms of improving program sustainability. Since population and child survival programs are the core programs under Sentrong Sigla, the project's activities are assured of continuity and financial support.</p> <p>The team's inputs consisted of the following:</p> <ol style="list-style-type: none"> a. Overall design of the Sentrong Sigla Performance Grants b. Grants application and approval process c. Guidelines on the use of the grants d. Development of a grants allocation model using population and economic criteria
<p>Development of the DOH Health Sector Reform Agenda (HSRA)</p>	<p><u>Provision of policy support to the DOH HSRA</u></p> <p>The current Secretary of Health after assuming office in September, 1998, put together a package of health sector reforms which if successfully carried out, will ensure the sustainability of the programs supported by the LPP. Following discussions between the DOH and USAID and upon the request of the Secretary of</p>

	<p>Health the team was able to accomplish the following:</p> <ol style="list-style-type: none"><li data-bbox="792 405 1529 1018"><p>1. <u>Policy advice and support to the Office of the Secretary</u></p><p>The team recruited and deployed a health reform advisor at the Office of the Secretary to provide overall assistance and support in defining the HSRA and in organizing, mobilizing and coordinating its implementation.</p><p>The health reform advisor facilitated the issuance of a Department order defining the responsibilities and clarifying the relationships among the groups and individuals involved in the effort to expand the NHIP.</p><li data-bbox="792 1077 1529 1709"><p>2. <u>Drug Management and Procurement</u></p><p>The PMTAT in collaboration with the MSH Drug Management Program conducted a comprehensive assessment of the drug management and procurement situation in the country. Based on the results of the study, the team recommended some options for a national drug procurement and distribution system. After a series of presentations and policy discussions with the DOH management the PMTAT agreed to support the pilot-testing of a new model for drug procurement and distribution. Arrangements for the conduct of the pilot-test are being discussed with the PLS of the DOH.</p>
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	<p>At the LGU level, the team is assisting the province of Pangasinan in developing a pooled drug procurement system for the province's 14 district and provincial hospitals. Work on a provincial drug procurement manual is currently in progress.</p> <p>3. <u>Expansion of the National Health Insurance Program</u></p> <p>In response to a request from the Secretary of health, the team provided assistance to the PHIC in developing a strategy for its MIS. Subsequently, the team obtained the services of a consultant in order to assist the PHIC in developing approaches to expand its coverage and benefits to subscribers.</p>
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6. Output 6 .- System for managing the LGU Performance Program (also covers outputs 3 and 7)

6a. Annual Targets	6b. Accomplishments
<p>75 LPP LGUs meet their 1999 benchmarks</p> <ul style="list-style-type: none"> • Top Performers Program Organized 	<p><u>28 LGUs Join Program for Top Performers</u></p> <p>Based on the recommendations of the PMTAT, the project organized a program for high performing LGUs. The Top Performers' program is intended to motivate LGUs to accelerate implementation of program activities as those LGUs which meet their end-of-project benchmarks ahead of time will be entitled to a performance grant equivalent to 75% of their base grants. Since the launching of the program in January, 1999, a total of 28 LGUs have joined the TPP. A breakdown of these LGUs by regions is attached as Appendix II.</p> <p>The PMTAT provided technical assistance in the following:</p> <ol style="list-style-type: none"> a. Development of guidelines for the Top Performers' Program b. Organized quarterly forum for the program. The quarterly Top Performers forum is designed to promote technical exchange among the top performers. c. Facilitated inter-LGU exchange visits among top performers and between top performers and other LGUS

<p>Implementation of the Matching Grant Program</p>	<p><u>14 LGUs Participate in the MGP</u></p> <p>The PMTAT assisted the DOH in designing and implementing a Matching Grant Program (MGP) for highly populated cities and municipalities. The MGP is designed for national impact by focusing resources on densely populated communities. The MGP is adopting the strategies outlined in the urban strategy document developed by the PMTAT together with DOH counterparts. The project identified 67 cities and municipalities as potential clients for the MGP. Between the period April-September 1999 the team was able to assist the DOH in enrolling 14 LGUs into the program. The list of MGP LGUs is attached as Appendix III.</p> <p>In setting up the program, the team provided technical assistance in the following areas:</p> <ol style="list-style-type: none"> 1. Develop the Matching Grant Program Guidelines 2. Develop the grants application and approval process 3. Develop tools for use by the LGUs in implementing the MGP. 4. Coordinated with PopCouncil in the design of the evaluation of the MGP
<p>LGU Technical Exchange</p>	<p><u>First LPP Summit Held on January 26-27, 1999</u></p> <p>In order to promote the sharing of success stories and lessons learned across LGUs the team assisted the DOH in designing a system of technical exchange for the LGUs. The system features a series of program reviews at the provincial, regional and national levels. The highlight of the technical exchange program was the holding of The First LPP Summit on January 26-27, at the Philippine Plaza Hotel in Manila. The conference attracted a total of 400 participants from the LGUs, DOH and other program stakeholders.</p>

	<p>The conference featured technical presentations of best practices from the program implementors, program updates, a technical exhibit and the awarding of certificates of recognition to the LPP top performers.</p> <p>Other related accomplishments:</p> <ol style="list-style-type: none"> 1. Facilitated the preparation of a compendium of LGU best practices. These best practices were culled out of the provincial and regional program reviews. 2. Assisted in the publication of a special issue of the Health beat magazine devoted entirely on the LPP. The Health beat is the official gazette of the DOH. 3. Organized inter-LGU visits and study tours
6c. Problems/Issues	6d. Actions Taken/Recommendations

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
	(Accomplishments under this section have been incorporated into Output 2)
7c. Problems/Issues	7d. Actions Taken/Recommendations
None	None

SECTION III - TECHNICAL ASSISTANCE

Name of Consultant	Date of Visit	Tasks Completed
1. Dr. David Lee	October 9 - 18, 1998	<ol style="list-style-type: none"> 1. Conducted a structured situation analysis of the drug procurement environment in the Philippines. 2. Developed a detailed workplan, staffing plan and timetable for the drug assessment.
2. Dr. Robert Timmons	October 27 -December 5, 1998	<ol style="list-style-type: none"> 1. Assisted in the preparations for the launching of the QAP during the National Health Assembly in October 7, 1998. 2. Assisted in conducting the field test of the data utilization course for health center staff. 3. Facilitated the implementation of critical activities under the training strategy.
2. Mr. Paul S. Lalvani	November 10 - December 3, 1998	<ol style="list-style-type: none"> 1. Conducted an assessment of private sector interest, willingness and capacity to participate in improving public sector drug procurement. 2. Worked with MSH staff to analyze and discuss options for improved distribution to health facilities. 3. Prepared a draft report containing a preliminary analysis of the capability of local manufacturers, importers and distributors to manage warehousing and distribution of drugs.

Name of Consultant	Date of Visit	Tasks Completed
Anne Buxbaum and Judith Seltzer	January 3-31, 1999	<ol style="list-style-type: none"> 1. Assisted in the design and development of general guidelines for the LPP Summit. 2. Assisted in organizing and conducting dry run sessions for the LGU presentations. 3. Facilitated selected sessions during the LPP Summit. 4. Assisted in developing the curriculum design for the LGU facilitators' course.
David Lee	February 5-25, 1999	<ol style="list-style-type: none"> 1. Finalized the analysis of the drug management survey. 2. Presented the results to the Secretary of Health. 3. Assisted the DOH in developing options to improve the management of drug supplies.
Robert Timmons	February 7 - 28, 1999	<ol style="list-style-type: none"> 1. Worked with Dr. David Lee in finalizing the preparation of the drug assessment report, and in presenting the report to the Secretary of Health. 2. Assisted the PMTAT in setting up the Matching Grant Program (MGP).
James Rankin	February 12 - 22, 1999	<ol style="list-style-type: none"> 1. Finalized the analysis of the drug management survey. 2. Presented the results to the Secretary of Health. 3. Assisted the DOH in developing options to improve the management of drug supplies

Name of Consultant	Date of Visit	Tasks Completed
Cathy Solter	March 1 - 25, 1999	<ol style="list-style-type: none"> 1. Reviewed training materials for the new training program. 2. Met with the MSH Training consultants to discuss the training modules and revisions thereof.
Gerry Rosenthal	March 6 - 21, 1999	<ol style="list-style-type: none"> 1. Assisted the Sustainability Advisor in th expansion of the model for assessing alternative strategies for distributing program costs for FP, MCH and Nutrition. 2. Assisted in the analysis of the newly acquired data on current LGU funding levels. 3. Assisted in the design of a strategy for using the acquired data as a basis for specifying appropriate sustainability indicators. 4. Assisted in developing a draft plan for Project Year IV for HRFP support and provided inputs to PMTAT sustainability activities.
Frederick White	March 7 - 31, 1999	<ol style="list-style-type: none"> 1. Assisted in the preparation of the revised PMTAT work and financial plan. 2. Worked with the DOH to finalize grant allocation for newly-selected LGUs. 3. Provided technical support to on-going PMTAT activities.

Name of Consultant	Date of Visit	Tasks Completed
Robert Timmons	April 26-May 14, 1999	<ol style="list-style-type: none"> 4. Assisted the PMTAT in the development of an overall project workplan through February 2001. 5. Provided technical inputs to the PMTAT proposal to support the DOH reforms. 6. Provided technical support in operationalizing the proposal including the team structure and composition.
Steve Solter	May 20 - June 5, 1999	<ol style="list-style-type: none"> 1. Facilitated the development of a detailed PMTAT workplan to support health sector reform activities. 2. Participated in discussions to resolve team staffing issues 3. Developed mechanisms for strengthening home office support for the project.
David Lee	June 8-11, 1999	<ol style="list-style-type: none"> 1. Finalized guidelines for the implementation of the pilot testing of the new drug procurement system in four regions. 2. Provided technical assistance in setting up the prime vendor model for the on-going TB drug procurement.
John Merenna	May 10 - September 9, 1999	<ol style="list-style-type: none"> 1. Conducted an assessment of the organizational structure of PHIC. 2. Conducted an assessment of and provided advice on the information technology system of the PHIC.

Name of Consultant	Date of Visit	Tasks Completed
Charles Stover	July 12-24, 1999	<ol style="list-style-type: none">1. Developed a broad outline of a reform agenda under PMTAT.2. Developed a detailed work plan
David Lee	August 1-15, 1999	<ol style="list-style-type: none">1. Facilitated planning workshop for the conduct of the pilot-testing of modified prime vendor model.2. Developed framework for Quality Assurance for BFAD.
David Nelson	August 1-22, 1999	<ol style="list-style-type: none">1. Developed and introduced the MTP process for improving hospital drug management and procurement.2. Developed a monitoring system for the drug activities.

29 October 1999

Mr. Charles Lerman

Contract Officers' Technical Representative

OPHN - USAID

Manila

Dear **Mr. Lerman**,

Respectfully submitting herewith the PMTAT Annual Report for the period October 1, 1998 to September 30, 1999.

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: Mr. William Reynolds, ORP