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**MANAGEMENT SKILLS NEEDS
ASSESSMENT OF THE PHILIPPINES
DEPARTMENT OF HEALTH FAMILY
PLANNING SERVICES DIVISION**

26 AUGUST - 6 SEPTEMBER 1991

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

An FPMD team visited the Philippines from August 26 - September 6 for the purpose of conducting a needs assessment. This report sets forth the objectives and results of the needs assessment which was conducted for the purpose of defining the need for, and recommending the focus of, management skills training at various levels of the Philippines Department of Health, Family Planning Services (Scope of Work - ANNEX I).

The Philippine Population Program represents a program which has struggled over recent years and has emerged with a clearly defined mission and strategy for expanding and strengthening its national program. "Family Planning for Health" is a well articulated and recognized program thrust and is promoted at all levels of the service delivery system. There is a strong commitment to the strategy of decentralizing program management to the Provincial level, which has already begun in selected areas. In addition to the key factors noted above, the Philippines is a demographically important country with the third highest population among Southeast Asian countries and with equally high growth and fertility rates.

For a national program such as that of the Philippines, which has already engaged in strategic thinking, FPMD can play a key role in enabling to achieve its strategic goals by strengthening its new decentralized structure, its management systems, and the internal coordination necessary for sustained management development. Of particular benefit to the potential impact of management development assistance is the extensive and well-established service delivery infrastructure (extending all the way to the barangay level) which distinguishes the Philippine Family Planning Program.

The FPMD team had the opportunity to have fruitful and encouraging discussions with the Director of the Family Planning Service (FPS) and health staff at the central, regional, provincial, district, and barangay level. The discussions were held in Manila and in two regions, Cebu and Iloilo. While in the regions the FPMD team visited various health facilities and observed training and service delivery activities.

The coordinators at all levels in the service delivery system expressed the need for guidance in supervision and monitoring so that they could become better managers. In our discussions it became evident that supervisors and coordinators who were trained as nurses and then promoted to become coordinators had not received sufficient training for their new role. They need training in management of human resources, utilization of available information, utilization of tools and techniques in supervision and management of training programs. These management skills will become increasingly important as decentralization becomes a reality.

Based on our discussions and observations our conclusion is that the implementation of an effective decentralized family planning delivery system has implications for short- and long-term management development assistance. The objectives and activities outlined below are designed to address both the short- and the long-term needs.

The objectives of the overall Management Development Plan are to:

- strengthen the management capabilities of key persons in the family planning program;
- train family planning managers at central and provincial level in management of the decentralized family planning program;
- provide supervisors with the necessary skills to effectively manage the resources available to them to improve service delivery.

The proposed Management Development Plan consists of the following main activities:

Short-Term:

- two 2-week training courses in basic management skills, with emphasis on decentralization, for key staff from 14 regions and for 8 staff of the Central Office;

Long-Term:

- assistance in the preparation of the management training module and the training-of-trainers curriculum;
- preparation of impact indicators related to the training for the purpose of improving the quality of service delivery;
- assessment of the impact indicators and examination of their usefulness in the management of the program.

The proposed activities and intended outcomes will support the National Family Planning Program for the 1990-1994 period, during which time decentralization of the Family Planning Program will go into effect, beginning in January 1992. Decentralization will demand increased management skills of managers at the central, regional and provincial levels, not only in implementing activities, but also in planning and managing a family planning program at the regional and provincial levels.

UNFPA will provide funds to cover the local cost associated with conducting the in-country training courses.

This report forms the basis for further discussions with USAID/Manila and the DOH/FPS concerning a possible role for FPMD to provide short- and long-term assistance to the Philippine Family Planning Program. The Management Development Plan has been prepared in such a way that each activity is a complete unit with a specific outcome. However, all the activities together will have greater impact. The continuity of FPMD's involvement in the process of strengthening the management capabilities at regional and provincial level is of paramount importance to the effective overall functioning of a decentralized Family Planning Program.

II. COUNTRY BACKGROUND AND NATIONAL POPULATION STRATEGY

A. Demographic Data*

Population: 62 million	Total Fertility Rate: 4.2/woman
Women of Reproductive Age: 24.6 million	Growth Rate: 2.4
Maternal Mortality Rate: 0.8**	CPR (all methods): 36.2
Infant Mortality Rate: 50.3**	CPR (modern): 20.6

* Source: Department of Health

** National Statistics Office

The Philippines extends 1,200 miles north to south and is made up of 7,100 islands, 880 of which are inhabited. The majority of the population resides on three main islands, Luzon, Visayas, and Mindanao. The largest proportion of the country's population (54%) resides in Luzon which represents 23 percent of the land area. Twelve percent of the population reside in Manila (less than 1 percent of the land area). While the overall population density is 208/sq.km the National Capital Region of Luzon has a density of 9,317 persons per sq.km.

The Philippine population is predominantly literate in comparison with other developing countries. Approximately 83 percent of the population aged 10 and over are literate, with only a slight variation between men and women. Filipino is the national language. English is widely spoken and is used extensively in business and government.

B. Program Mission and Strategy

The National Population Program was launched in 1970, focusing mainly on fertility reduction. By the end of the decade the program was re-oriented to emphasize family welfare rather than just fertility reduction. The program also shifted from a predominantly clinic-based approach to a combined clinic-based and community-based approach. Today, the Philippine Population Program is rooted in the promotion of family planning for the health of the mother and child. Thus, safe motherhood and child survival are the motivating rationale rather than demographics. The overall aim of the Philippine Family Planning Program is "to assure the availability of reliable information and services necessary for families to manage the risks and outcomes of reproduction according to their health needs and fertility aspirations".

C. Program Structure and Systems

Until 1987 the Population Commission (POPCOM) was the central coordinating and policy-making body of the National Population Program. The Department of Health, the largest service provider, was responsible for service delivery along with NGO's and other government agencies. In 1976, in an effort to improve the accessibility of services in rural areas, increase contraceptive prevalence, and increase the active support of local government units implementing family planning activities as part of their development programs, the National Population and Family Planning Outreach Project was launched. The project, directed by POPCOM, sought to broaden the concept of family planning into a total integrated development approach based at the community level, where it focused on IEC and distribution of oral contraceptives.

This resulted in a complicated dual service delivery program carried out by the DOH and POPCOM with the emphasis on providing rural primary health care increasing while the emphasis on family planning declined. Further, the focus on the use of contraceptives for the purpose of fertility reduction became a major public issue, and political support for the family planning program decreased. These developments, coupled with internal changes in leadership, resulted in reduced financial support, further constraining the implementation and intended achievements of the Family Planning Program.

Following the change in government in 1986, the service delivery structure and systems were in disarray. Service delivery continued to decline while the government made efforts to restructure and revive the family planning program. In mid-1987, a new population policy framework was developed in correlation with the new Constitution which recognized the right of couples to choose the size of their family in accordance with their religious convictions and considerations of responsible parenthood. In addition, the new population policy recognized the connection between family planning and maternal and child health. While MCH and family planning are currently not integrated at the Central level, the new overall program approach is that of integration of health, nutrition, and family planning services. At the local level MCH and family planning are integrated.

The government agencies (including the Departments of Labor and Employment, Agriculture, Education, Environment and Natural Resources, etc.) and the NGOs (approximately 20) now have the sole responsibility for program implementation. In 1988 the POPCOM Board designated the DOH as the lead government agency among both governmental and non-governmental organizations in the delivery of family planning services. As the lead agency for implementing family planning services, the DOH has two principal roles:

- as a **provider** of family planning services through its institutional network of hospitals and field units;
- as a **coordinator** of family planning services. The DOH consults with other participating service delivery organizations (both governmental and non-governmental), providing **organizational support and monitoring and guidance** for performing various roles in the delivery of family planning services. This coordinating role includes mobilizing

resources by initiating project and program proposals for funding by government or donor agencies, and managing the ordering, procurement and distribution of commodities in consultation with the participating agencies.

To assist and support the DOH in implementing the National Family Planning Program, POPCOM was reinstated as the policy-making and coordinating body of the National Population Program. To carry out these functions a Technical Secretariat was established in 1990 as a parallel working division to the Family Planning Services of the DOH. Its primary responsibility is that of coordinating and formulating policies related to family planning and ensuring that program strategies, projects and activities are consistent with the basic operating principles and program thrust. It is also responsible for monitoring the effects of the population initiatives in the context of other aspects of economic development. To carry out its work the Secretariat has established 9 inter-agency policy development committees to formulate operational policy recommendations in support of advancement and integration of MCH and family planning services.

Implementation of the DOH, Family Planning Services program is carried out through its network of hospitals and field units at various organizational levels. A combination of administrative and political divisions provide an institutional framework for the delivery of services. Service delivery is carried out at five different levels: Regional (14 Regions), Provincial (74 Provinces), District, Rural Area, and Barangay (or village) level.

Within this network, the midwife, as the direct service provider, is the pillar of the program at the Barangay level. All the health programs, including family planning are executed by her. In contrast to other health professionals, she is the person least probable to leave the community where she works. From a recent survey it was concluded that the midwife has approximately 26 tasks to fulfill. One of these tasks is to supervise the Hilot (traditional birth attendant) and the Barangay health workers (BHW) whenever they are present. She also plays an important role in the practical training of the student-midwife. The functioning of the midwife depends heavily on the support she receives from her supervisors. With the recently adopted "bottom-up" approach, her input in determining the needs will be very important.

The DOH training program, which includes family planning, is presently concentrated at the regional training center. In the Iloilo region, however, the training program for midwives has been decentralized and takes place at the provincial level. In the near future this type of decentralization, from region to province, will be encouraged everywhere.

III. USAID POPULATION STRATEGY

The purpose of the Family Planning Assistance Project (FPAP) is to increase the availability and utilization of family planning services in the Philippines through support to the National Population Program. Research has shown that the fertility rate in the Philippines has been declining during the last twenty years and that the cause of the decline is the increased use of contraception rather than changes in marriage or breastfeeding practices. Surveys have shown that about half of married women of reproductive age do not want more children and further that potential clients as well as health care providers have unfounded fears and beliefs about some modern contraceptive methods. In addition, the positive impact of family planning on maternal and child health is a concept that is just beginning to be fully realized. USAID support to the Philippine Population Program is designed to help the GOP to realize its goals of:

- upgrading the clinical service providers with reliable information on the positive health impact of child-spacing and an accurate understanding of the safety of contraceptives and how to use them;
- expanding the availability and accessibility of information and services;
- a public information campaign through the mass media and the use of extension personnel focusing on the increased health risks of pregnancies that are too early, too late, too close or too many.

Three primary principles of USAID's interim strategy include: ongoing policy dialogue and expanded use of the private sector to achieve development objectives and decentralization. Components of the Philippines Population Program which are supported by USAID include: expansion of family planning service delivery; training; information, communication, and motivation (IECM); logistics; contraceptives; monitoring, evaluation and audit; and research.

The proposed assistance from the FPMD Project described herein serves to address one of the key needs of the national program identified by USAID: decentralization. Technical assistance provided by FPMD will specifically address the area of management, supervision and evaluation of family planning programs to help the GOP in its efforts to decentralize its family planning program.

IV. PAST FPMD WORK

The Philippines is a new country to the FPMD Project. A brief initial visit was made in December 1990 by Sara Seims, FPMD Project Director, and Saul Helfenbein, Chief Asia/Near East Division, FPMD. The purpose of the visit was to explore the possibility of providing FPMD assistance to the DOH/FPS Division in strengthening management capabilities at the Central level as well as the local level in support of the plan to decentralize the management of the Philippine Family Planning Program. The initial visit was followed by further discussions concerning a role for FPMD assistance in the context of the DOH program. The purpose of the current visit was to conduct a Management

Skills Needs Assessment in order to determine how FPMD can best support the national family planning program and USAID/Manila's new population program. This needs assessment will serve to further identify specific areas of collaboration and form the basis for a buy-in to FPMD.

V. OVERALL FPMD COUNTRY STRATEGY

The Philippines figures prominently in the overall FPMD Project strategy in a number of ways. Past experience in the former FPMT project has taught us that the greatest impact derived from management assistance can be achieved when a number of factors are present. These include the opportunity to:

- work at multiple levels in the service delivery system;
- access key human resources for management development and institutionalize increased management capability;
- address the needs where there is the highest likelihood of achieving impact on management development and advancing a program further along the continuum of organizational development stages in the areas of mission, strategy, structure and systems;
- concentrate our resources in a national program where the opportunity exists to work with more than one sector and to support and promote inter-sectoral coordination.

The Philippine Population Program represents a program which has struggled over recent years and has emerged with a clearly defined mission and strategy for expanding and strengthening its national program. "Family Planning for Health" is a well articulated and recognized program thrust and is promoted at all levels of the service delivery system. Further, there is strong commitment to the strategy of decentralizing program management to the Provincial level. In fact this has already begun in selected areas. In addition to the key factors noted above, the Philippines is a demographically important country with the third highest population among Southeast Asian countries and with equally high growth and fertility rates.

For a national program such as that of the Philippines, which has already engaged in strategic thinking, FPMD can play a key role in enabling it to achieve its strategic goals by strengthening its new decentralized structure, its management systems, and the internal coordination necessary for sustained management development. The potential impact of management development assistance is enhanced by the extensive and well-established service delivery infrastructure (extending all the way to the barangay level).

VI. MANAGEMENT ASSESSMENT - DEPARTMENT OF HEALTH FAMILY PLANNING SERVICES

A. Central level

The Central office of the DOH/FPS is divided into four divisions under the Office of the Director: Administration and Finance, Plans and Programs, Monitoring and Evaluation, and the "3rd Level Division" (of Program Implementation). This "3rd Division" is made up of staff hired on a contractual basis and includes the management and implementation of all foreign assisted projects (see functional allocation chart, ANNEX II). Currently, DOH/FPS staff totals 42, including 28 technical staff. There are plans to hire an additional 11 staff members for the "3rd Division" in the near future.

The FPMD team had the opportunity to have fruitful and encouraging discussions with the Director of the Family Planning Service Division (FPS) and the staff at the central level. The main concern at the central level is the management of the central office. However, staff have already started to address the division of responsibilities through preparation of job descriptions. With the decentralization coming into effect soon, the staff feels that they need more skills in management to address the issues related to decentralization, such as planning for decentralization, and programming at the regional/provincial levels. They also want to improve their skills to support staff in the field.

The Project advisor of the Margaret Sanger Center has been working very closely with the DOH/FPS providing technical assistance, primarily to the central office and in four of the 14 regions. One of the activities has been to assist in the development of a Basic Family Planning curriculum for the training of physicians, nurses and midwives. This training program has been added to the overall training program of the Regional Health Manpower Development Training centers. Currently, the Project advisor and two FPS trainers are finalizing a comprehensive family planning course. The next course to be prepared will be on management and decentralization. The two trainers in FPS have recently attended a training-of-trainers course with Management Sciences for Health (MSH) in Boston.

B. Regional Level

The FPMD team visited two of the fourteen regions, Cebu and Iloilo. While in the regions we visited various health facilities and had the opportunity to observe the training and service delivery activities. We were impressed by the dedication with which the staff discussed their work and their knowledge of the national program and its implications at their level. Their annual reports were well prepared and gave a good overview of their activities.

One of the major concerns at this level is the management of the regional training program. The staff of the training centers in both regions expressed their concerns about the training programs for all service providers. Implementation is, however, impeded by financial blockages- delays in the release of funds for lodging and per diem. The results are that most of the courses have to be crowded in a

short period and the annual plan has to be frequently adjusted. The uncertainty of funds also makes planning of other activities of the trainers nearly impossible. Rapid staff turn over in the field poses further difficulties. With the implementation of decentralization, more emphasis will be placed on provincial level training. This will require more effective skills at coordinating regional and provincial programs.

C. Provincial level

At the provincial level there is a physician and nurse coordinator. Their main tasks are to supervise the staff at the various levels and to ensure the implementation of the planned activities. Neither of the coordinators has received management training. Although information is collected and colorfully displayed, it is not fully exploited for decision making. Skills in data analysis need to be strengthened. Another area for support is supervision and the more effective utilization of the supervisory checklists.

D. District and Barangay level

In the discussions at the district level the same needs were expressed as at the provincial level, training in managerial skills such as supervision and monitoring. Supervisors and coordinators were trained as physicians or nurses and then promoted to become coordinators/supervisors in charge of managing a rural health unit. Sometimes supervisors also lack the technical skills in family planning as they had not yet attended the basic family planning course, required for both delivering family planning services and overseeing the work of health workers.

At the Barangay level it is the midwife who, apart from her task as service deliverer, also has the tasks of giving practical training to student-midwives and supervising the Hilot (traditional birth attendant) and the Barangay health worker. A survey conducted by the family planning service identified about twenty-six tasks performed by the midwives. The midwife has had no training in how to manage all these activities. However, she does attend regular coordination meetings with her supervisor where she receives guidance on planning and implementing her activities. This mechanism could be improved.

In summary, our findings are that at all levels there is a need to increase management capabilities. The tasks that supervisors, coordinators, and trainers find the most difficult to cope with are in the management of human resources, utilization of available information, supervision, and planning for training. These tasks and the related skills to carry them out will become increasingly important as decentralization goes into effect.

VII. RECOMMENDATIONS AND MANAGEMENT DEVELOPMENT PLAN

A. Introduction

The DOH/FPS staff has been very helpful in assisting the FPMD team in collecting information. They spent time with us not only in discussing their needs but also in guiding us during the field visits. The openness of the health staff in discussing their problems and expressing their needs has greatly facilitated the task of the FPMD team. A review of DOH and USAID documents concerning country policies and strategies for the advancement of the population program has also contributed to the formulation of the plan. Following our consultations at the various service delivery levels we met with the Director of the DOH/FPS and the Training Coordinator to share our findings and discuss the future activities needed for strengthening the management of the Division. The results of these discussions have made it possible to develop a proposal for a Management Development Plan.

The Management Development Plan has been prepared in such a way that each activity is a complete unit with a specific outcome, however, all the activities together will have greater impact. The continuity of FPMD's involvement in the process of strengthening the management capabilities is of paramount importance.

The development plan consists of the following main activities:

- two 2-week training courses in basic management skills for decentralization for key staff from 14 regions and for 8 staff from the Central Office;
- assistance in the preparation of the management training module and the training-of-trainers curriculum;
- preparation of impact indicators related to the training for the purpose of improving the quality of service delivery;
- assessment of the impact indicators and examination of their usefulness in the management of the program.

Based on our discussions and observations our conclusion is that the need for strengthening management skills, require short- and long-term management development assistance. The activities outlined above are designed to address both the short- and the long-term needs.

The proposed activities and intended outcomes are closely related to the Family Planning Program of the Philippine Government for the 1990-1994 period, during which time decentralization of the Family Planning Program will be put into effect. Decentralization will demand increased management skills for the managers at the central, regional and provincial levels, not only in implementing activities, but also in planning and managing a family planning program at the regional and provincial levels. In the discussions held at the regional training centers, it became apparent that most

of the courses provided at present are related to technical skill development. The supervisors, in particular, expressed their need to be trained in supervisory and monitoring skills to improve the performance of the health workers at the various levels.

The following Management Development Plan outlines the proposed activities in detail followed by a summary of the activities with their corresponding timeframe.

B. Management Development Plan

The objectives of the management development plan are to:

- strengthen the management capabilities of key persons in the family planning program;
- train family planning managers at provincial level in management of the family planning program;
- provide supervisors with the necessary skills to effectively manage the resources available to them to improve service delivery.

The implementation of the plan will be realized through the activities listed below.

Course in Basic Management Skills

Decentralization will have important consequences for regional and provincial leaders as they will have to begin planning for their own regions and provinces. The Ministry of Health introduced a new system for data collection called Family Health Service Information System (FHSIS). The information available through the use of this system will provide the decision makers with adequate data. Interpretation of this data will be of paramount importance in the planning. The regions and provinces should be able to clearly state their goals, in line with the national policies and strategy. In addition, they must address the specific needs of their areas.

This 10-day course will be designed to incorporate selected focus areas in general management and family planning program management in the context of the decentralization of the family planning program including:

Basic Concepts in Management: Skills and techniques managers need to carry out their tasks effectively and responsibly, including basic office systems and procedures.

The Process of Decentralization: Factors involved in decisions leading to the decentralization process, including planning for decentralization and health programming at the regional/provincial level.

Supervision and Monitoring: Skills and techniques required for effective supervision and program monitoring, including problem identification, problem solving and decision-making.

Financial Management: Issues related to budgeting and financial management, including alternatives for financing activities at the regional/provincial level.

Developing an Integrated Regional/Provincial Health Plan: A "workbook" approach for the development of a comprehensive annual work plan that takes into consideration available data, human and financial resources.¹

There will be two 10-day in-country management courses conducted jointly by an FPMD trainer and a local trainer. Preparation for the first course will be done by FPMD in consultation with the recently returned participants of the Training of Trainers course in Boston. They will provide the trainers with information about the needs expressed at the various levels in light of decentralization and give feedback on the proposed course content. They will be participants in the first course and facilitators in the second.

The participants of each course will consist of four Central office staff (one from each division) and 14 Regional staff (two from each of seven regions). By the end of the courses eight staff members from the central office and two staff members from each of the 14 regions will have received training. In addition to improving skills, the course will help establish better communication between central and provincial levels so that more effective support can be provided.

Continuous Management Training Program

After the initial management training of key staff, there will be a need to make management training part of the ongoing training activities of the DOH/FPS. This need has been expressed by the health workers in the field as well as by staff at the Central level. A management training module will be developed together with a training-of-trainers module for the regional/provincial trainers. This will enable local trainers to adjust the course to the requirements and needs of each Region/Province. A review of the course with technical assistance (two weeks) from FPMD has been requested by the Family Planning Service and the Project advisor of the Margaret Sanger Center.

Development of Impact Indicators

The success of the management training program should be the improvement of service delivery. This is the long-term objective of the family planning program. In order to achieve this goal it is necessary to have indicators that demonstrate progress and which identify obstacles to the implementation of activities. In the process of managing the program these indicators should be used to monitor progress toward meeting local program objectives and should be closely linked to the goals of the national program.

For example, the identification and use of impact indicators for supervision could improve the effectiveness of the checklist which the rural health nurse uses in the supervision of the midwife. An

¹ A workbook, prepared by the Management Training unit of MSH, is used for a step-by-step development of a health plan.

impact indicator would lead to a better interpretation of the checklist's result. This will make supervision more relevant to the program performance. This in turn will lead to appropriate actions by the supervisor and a higher output of the activities of the midwife.

FPMD will provide two weeks technical assistance for this activity.

Assessment of Impact Indicators

One year after the beginning of the FPMD management strengthening activities the ability of provincial managers to use these indicators to measure the results of the FP program will be reviewed. The usefulness of these indicators in improving overall program management will also need to be examined. Included in this review will be: 1) progress made by the provinces in developing their local programs; and 2) the role of the Central office in supporting the provinces.

FPMD will provide two weeks technical assistance for this activity.

PLAN OF ACTIVITIES

Activities	Time frame
Preparation for in-country training (Boston)	Dec/Jan 1991
In-country activities	
1. In-country training #1 central/region (2x21 days)	January 1992
2. Review first training course, preparation 2nd course (2x7 days)	March 1992
In-country training #2 central/region (2x14 days)	April 1992
3. Technical assistance for the preparation of impact indicators of management capabilities (1x14 days)	July 1992
4. Technical assistance in development of management training program of FPS (1x14 days)	October 1992
5. Technical assistance evaluate the impact indicators at central/provincial level (1x21 days)	January 1993

Support for the implementation of the training activities will be a collaborative effort with UNFPA, who will provide funds covering the local costs associated with conducting the course. FPMD will provide the technical assistance in close collaboration with DOH/FPS staff and the Margaret Sanger Center project advisor who is attached to the DOH/FPS. The technical assistance visits following the initial training will also be in close collaboration with UNFPA.

ANNEX I
LIST OF PERSONS CONTACTED

USAID/Manila

Dr. Eilene Oldwine, Population Officer

Department of Health/Family Planning Services (DOH/FPS)

Dr. Jovencia B. Quintong, Director DOH//FPS

Dr. Costillo, Medical Specialist, DOH/FPS

Mrs. Letty Daga, Nurse VI, Trainer

Mrs. Presentacion Nosenas, Nurse VI, Trainer

Mrs. Sheila Vilacorta, Head of Plans and Programs

Department of Health/Technical Secretariat

Dr. Rafael A. Esmondo, Director, Technical Secretariat

Region VII: Cebu Regional Office and Training Center

Mrs. Pura Baylon, Regional Training Nurse, Regional Training Center, Cebu

Dr. A.A. Ongtarico, Medical Coordinator

Mrs. Regalita Laput, Nurse Coordinator

Mrs. Vivian G. Durangparang, Provincial Coordinator, Cebu City

Mrs. Virginia Bacaltos, Public Health Nurse, Talisay I-RHU, Cebu

Region VI: Iloilo Regional Health Office and Training Center

Dr. Lourdes C. Naragdao, Regional Medical Family Planning Coordinator Region VI

Mrs. Florence T. Loreda, Regional Training Nurse

Dr. Elias Alcayaga, Jr., Medical Specialist I, Medical Training Officer

Mrs. Charity Y. Perea, Nurse Instructor

Mrs. Joni D. Dichosa, Health Education and Promotion Officer II

UNFPA

Mr. George Walmsley, Country Director

Margaret Sanger Center

Ms. Cathy Solter, DOH Project Advisor/Advisor on Training

MSH/Child Survival Project

Dr. Stephen Solter, Project Director

World Population Foundation

Ms. Shamsun Nahar, Project Advisor

Asian Institute of Management

Mr. Rafael J. Azanza, Associate Dean, Executive Development Programs

Dr. Eduardo L. Roberto, Ph.D., Professor of International Marketing

Fertility Care Center, Mary Johnston Hospital

Dr. Virgilio R. Oblepias, Director Fertility Care Center and Chairman of the Board of Trustees of the Philippine Non-Government Organizations Council (PNGOC)

Mrs. Elizabeth R. Vallez, Training Coordinator for Nursing Instruction

University of the Philippines Population Institute (UPPI)

Dr. Corazon Raymundo, Director

Royal Netherlands Embassy

Mr. R. Van der Weyden, First Secretary, Trade and Development

ANNEX II
FIELD VISITS: AUGUST 29 - 31, 1990

Region VII - Cebu:

Regional Health Office and Training Center
Talamban Municipal Health Center, Cebu City
Lapu-Lapu District Hospital
Talisay Rural Health Unit
San Isidro Barangay Health Center

Region VI - Iloilo:

Regional Health Office and Training Center
Iloilo Provincial Health Office
Ramon Tabiana Memorial Hospital
Cabatuan Rural Health Unit

ANNEX III
LIST OF DOCUMENTS REVIEWED

Project Paper: Philippines Family Planning Assistance Project (USAID)

Philippine Population Program - Medium Term Plan 1989-1993

Region VI (Iloilo): Annual Report 1990

Region VII (Cebu): Annual Report 1990

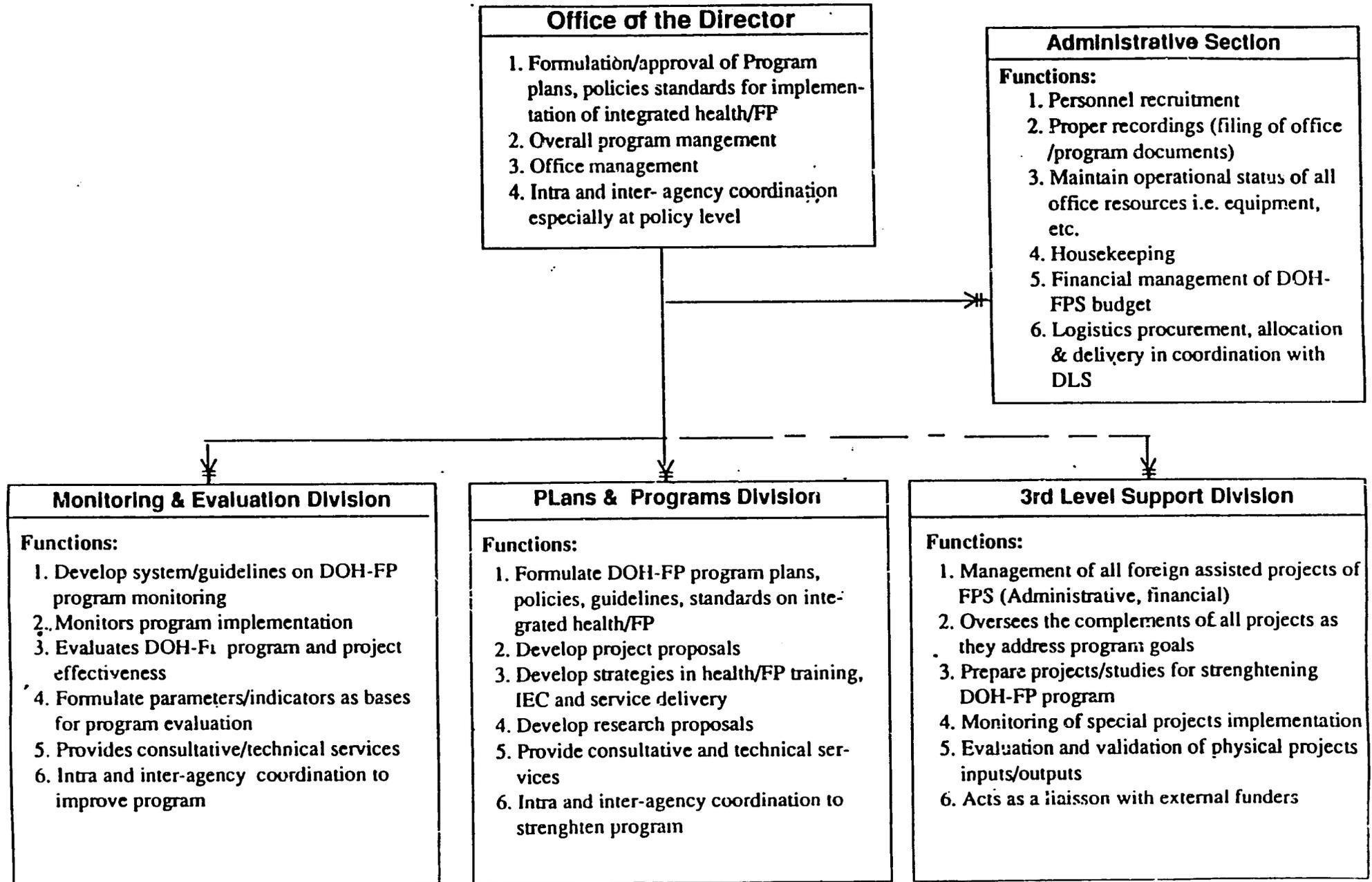
DOH Documents

- The Philippine Family Planning Program (1990-1994)
- An Overview of the Philippine Demographic Situation and Population Program Developments
- Proposed Project to Support the Contribution of Local Government Units to the Philippine Family Planning Program
- The Contribution of NGOs to the Family Planning Program
- The Contribution of Other Government Agencies to the Family Planning Program
- Summary of Proceedings of the Consultative Meeting on the Philippine Family Planning Program (July 12-13, 1990)

ANNEX IV SCOPE OF WORK

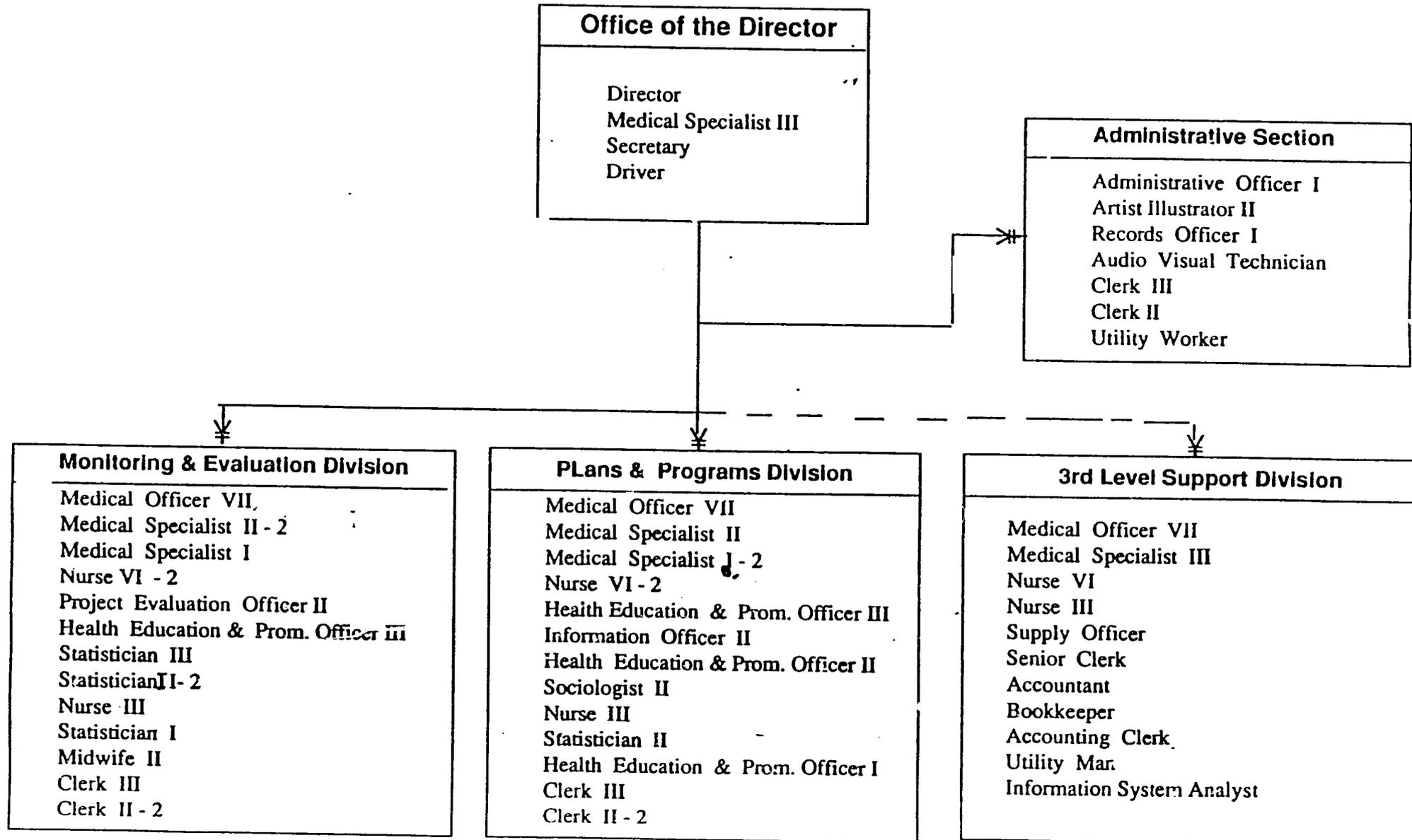
1. To conduct a document review of relevant background materials on the Philippine Family Planning Program strategy and progress to date including previously identified management skills needs.
2. Meet with USAID to discuss the FPMD needs assessment focus in the context of the USAID population policy and country program.
3. Meet with staff at the strategic, technical, and operational levels in the DOH/FPS program and other CA's working in the Philippines, to discuss perceived management skills development needs of the DOH/FPS Division and staff capabilities at multiple levels of the service delivery system.
4. Visit two rural areas to observe and identify program operations management development needs at the provincial and service delivery levels.
5. Meet with local managers and trainers of training institutions.
6. Draft a summary Management Development Plan detailing a) Objectives b) Activities c) Evaluation Plan for submission to USAID/Manila and the DOH/FPS, and debrief with USAID/Manila.

**Functional Chart - Family Planning Service
Department of Health**



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Family Planning Service Department of Health Position Chart



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