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**CURRICULUM REVIEW FOR 1995
ORIENTATION/PLANNING WORKSHOPS
PHILIPPINES, DEPARTMENT OF HEALTH
30 JANUARY - 14 FEBRUARY 1995**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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CONTENTS

I.	EXECUTIVE SUMMARY	1
II.	BACKGROUND	1
III.	PURPOSE	2
IV.	ACTIVITIES/RESULTS	2
V.	SUMMARY OF RECOMMENDATIONS	9
ANNEX I:	SCOPE OF WORK	13
ANNEX II:	SITUATION ANALYSIS QUESTIONNAIRE: FAMILY PLANNING SECTION	15
ANNEX III:	LIST OF PERSONS CONTACTED / TARLAC ORIENTATION VISIT ...	23
ANNEX IV:	DRAFT PLANS / CURRICULUM FOR 1996 PLANNING WORKSHOPS ..	25

I. EXECUTIVE SUMMARY

Peg Hume, MSH Senior Associate, Population Program, returned to the Philippines January 30 - February 14, 1995, to provide follow-up technical assistance in the planning for Local Government Unit (LGU) workshops. Having made two visits in 1994 to provide assistance in curriculum development and the implementation of Orientation/Planning Workshops, she was requested in this assignment to refine curriculum materials for the 1995 Orientation/Planning Workshops for new LGUs, and to begin preparations for the second round of Planning Workshops for the first group of participating LGUs.

The consultant devoted much of this TDY to the refinement of curriculum materials for the 1995 Orientation/Planning Workshops scheduled for March and April, 1995. She reviewed comments from Office for Special Concerns (OSC), the Family Planning Management Development (FPMD) project, other Cooperating Agencies and participating agencies, and incorporated revisions in the Situation Analysis Questionnaire, Session Guides, and Trainer's Notes, drafting new sections where necessary. Questions on quality of care were added to the Situation Analysis Questionnaire, and field-tested in Tarlac Province. Lists of handouts and overhead transparencies for all workshop sessions were confirmed, and instructions for small group work drafted.

Based on a review of 1995 LGU Performance Program (LPP) plans and discussions with FPMD staff, the consultant developed a proposed outline and draft curriculum for 1996 Planning Workshops for Group 1 (red) LGUs, scheduled for June, 1995. The outline proposes three main parts: I) exploration of technical issues, II) review of progress and problems in implementation of 1995 LPP plans, and III) initiation of planning for 1996. A session on quality of care was proposed for Part I. Participation of selected regional staff in planning the workshop and as co-trainers is suggested.

The consultant reviewed past proposals with regard to an annual LGU conference, and concluded that while such a conference is premature this year, with LGUs just beginning implementation of their 1995 plans, the concept of a periodic conference for LGUs' exploration of technical issues has merit for the future. A possible format is proposed, and a list of potential themes or session topics presented. The consultant recommends that a conference focusing on technical themes should be held prior to LGU planning for the subsequent LPP year, to facilitate the incorporation of new technical insights or approaches into the planning process.

Given that curriculum materials reflect underlying program design, and workshop schedules are interwoven with other program activities, the consultant was led to several broad observations and consequent recommendations. These include the need to clarify roles and responsibilities, to develop a plan for the involvement of regional staff, and to maintain a future perspective.

II. BACKGROUND

The Family Planning Management Development (FPMD) project of Management Sciences for Health is providing assistance to the Philippine Department of Health/Office for Special Concerns (DOH/OSC) in the devolution of health and population programs to the Local Government Unit (LGU) level. Specifically, FPMD is assisting the DOH/OSC to initiate the LGU Performance Program (LPP), a component of the USAID-funded "Integrated Family Planning Maternal Health Program." The purpose of the LPP component is to strengthen the capacity of the LGUs to plan and implement effective population, family planning, and child survival programs.

Under LPP, grant funds are provided to LGUs based on plans they submit to the OSC for implementation of an integrated population, family planning, and child survival plan; subsequent annual funding is tied to the LGUs' meeting of annual progressive benchmarks of program performance.

In 1994, the first year of the LPP, 20 LGUs were selected to participate. FPMD assisted the OSC to hold a series of four Orientation/Planning Workshops launching LPP with these 20 LGUs; technical assistance was provided as necessary to assist the LGUs in developing their integrated plans which would meet DOH standards and could be approved for funding. By the end of the year, 19 LPP plans had been approved.

In 1995, these LGUs are scheduled to receive their first tranche of funds and to begin implementation. It is envisioned that another 20 LGUs will join the LPP this year.

III. PURPOSE

Peg Hume, MSH Senior Associate, Population Program, returned to the Philippines January 30 - February 14, 1995, to provide follow-up technical assistance in the planning for LGU workshops. Having made two visits in 1994 to provide assistance in curriculum development and the implementation of Orientation/Planning Workshops, she was requested in this assignment to refine curriculum materials for the 1995 Orientation/Planning Workshops for new LGUs, and to begin preparations for the second round of Planning Workshops for the first group of participating LGUs. The scope of work for this visit is included in Annex I. An additional task was subsequently added: to explore ways in which the Situation Analysis tool could be modified to provide some client perspective on quality of care, in order to incorporate a quality of care perspective into the planning process.

IV. ACTIVITIES/RESULTS

A. Finalize Curriculum for Orientation/Planning Workshops

Working closely with Dr. Cecilia Lagrosa, FPMD/Manila Technical Advisor, the consultant devoted much of this assignment in the refinement of curriculum materials for the 1995 Orientation/Planning Workshops for Group 2 (green) LGUs scheduled for March and April, 1995. FPMD/Manila had already done considerable work on reviewing and revising the workshop design: it continues to be based largely on the overall design and on the curriculum materials which were developed and honed over the course of four workshops in 1994, but the workshop has been extended to five days this year to incorporate more time for detailed planning work. As last year, each workshop will include participants from five LGUs; however, this year an LGU's participants will include a computer operator who will attend parallel sessions on Word Perfect and QuattroPro and will join his/her LGU's small group work sessions to begin to computerize LPP plans and budgets.

The consultant's review of the course schedule led to only one suggested modification: to include the computer operators in the plenary sessions introducing the LPP, planning, and budgeting requirements, with the assumption that their understanding of the context will make them more effective contributors to the development of LPP plans and budgets.

A review of curriculum materials focused separately on Situation Analysis Forms, session guides, and handouts.

1. Situation Analysis Forms

The Situation Analysis (SA) Forms consist of inventory checklists (concerning health facilities, training, logistics, supplies and equipment, and IEC) and a SA Questionnaire focused on the identification of an LGU's priority concerns in population, family planning, and child survival programs.

The consultant reviewed the latest draft of inventory checklists, the first draft of which had been developed last year, and made a number of suggestions with regard to format. The checklists were then field tested during an Orientation Visit to Tarlac February 7-8. Officials in Tarlac indicated that some of the checklists, and particularly the inventory of supplies and equipment, were not helpful, given the procedures they already follow in supply management. The FPMD Technical Advisor and this consultant, who made the trip to Tarlac together, decided that it should be reemphasized to LGUs that the use of these inventory checklists is optional, if they have another form, process, or procedure they are already using for presentation and/or management of the same information.

The consultant communicated two other outstanding concerns with regard to the checklists: 1) They seem overly complicated as presented, with different forms to be used at different levels within the LGU. It may be simpler to have one generic form for each management issue, with blanks at the top for the LGU to indicate which level or type of facility is represented on a given form, and/or to identify a consolidated or summary form. 2) The Health Facilities Summary Form asks LGUs to indicate which FP methods or child survival interventions are available at each facility, but does not indicate in the instructions at the bottom of the form what is meant by "available." This was the subject of much discussion both last year and this. Whether a FP method is "actually available" rather than "supposed to be available" is the objective of the question. It was confirmed in this year's discussion that in order for a FP method to be available in a given facility, there need to be in place both trained staff and the needed supplies and equipment. Because this is a critical issue, this consultant recommends that an appropriate instruction be included on the form.

With regard to the SA Questionnaire, a number of revisions had been made since last year, and the TA Advisor had sought comments and input from the OSC, FPMD/Manila staff, CAs and other participating agencies. The consultant reviewed and collated all these comments, discussed divergent perspectives with FPMD staff as appropriate, and developed a revised version of the Questionnaire. In addition, a series of questions on quality of care was added to the Family Planning section. The Questionnaire was field-tested in Tarlac, by talking through questions with Tarlac officials. Special attention was paid to the Population and Family Planning sections, and particularly to the new quality of care questions. Tarlac officials, notably the Provincial Population Officer and the Family Planning Coordinator, made useful suggestions on the wording of several questions. Based on this input, the consultant prepared a final version of the Questionnaire. (See Annex II for the FP section of the Questionnaire.)

2. Session Guides

As with the Situation Analysis Forms, FPMD had already done some work on revising session guides by the time the consultant arrived. The TA Advisor, Dr. Lagrosa, had prepared and circulated revised drafts for comments. The consultant then reviewed and incorporated comments, making some further revisions to bring the new session guides into alignment with new developments in the project. For example, Year 2 performance benchmarks are now known and can be specified in the session guides (they were not known prior to last year's LGU workshops); it is also possible to be more specific now about planning standards, the DOH process for plan review and approval, and what is required for the 1995 Action Plan. Given the developments within LPP, new sessions were added on Capacity-Building Benchmarks, Implementation Arrangements, and the Administrative Order. The consultant prepared camera-ready Session Guides for all sessions and left them with FPMD/Manila.

3. Handouts

The consultant was less successful in preparing final versions of handouts for all sessions. A major obstacle was finding the earlier versions on disk to work from. Where the final versions were not completed during this assignment, the necessary changes were noted on hard copies, e.g., as with the plan format which has changed slightly. For all sessions, the list of needed handouts was confirmed. Final versions will need to be prepared by FPMD/Manila.

B. Finalize Trainer's Notes

Once the session guides were completed, the consultant reviewed and revised the trainer's notes for each session accordingly. New trainer's notes were prepared for new sessions.

Each of the trainer's notes includes an overview of the session, time allocation per topic, materials needed per topic (listing handouts, transparencies, tear sheets for groups, etc.), and a listing of points that the trainer should emphasize in the session. The consultant gave particular attention to the transparencies needed, either preparing the transparency or making a note of the changes needed on an earlier version, as with the handouts described above. For several sessions, the consultant drafted instructions for small group work, which the trainer will hand out at the time participants move into groups.

C. Meet and Consult with Resource Persons, Facilitators, Trainers

This activity was not completed. Although informal discussions were held with members of FPMD staff, there were no formal meetings held with regard to either presentations or facilitation during the Orientation/Planning Workshops. Drafts of transparencies (overheads) and handouts were prepared, however, and included in Trainer's Notes, as discussed above.

It is the view of this consultant that preparation meetings were not seen as a priority with the workshops still over five weeks away and in the midst of an otherwise very busy workload. Dr. Lagrosa will no doubt hold the necessary meetings and consultations as the start-date of the workshop approaches.

D. Draft curriculum for 1996 Planning Workshops for Group 1 (red) LGUs (to be held June 1995)

The planning for 1996 planning workshops for the Group 1 (red) LGUs was an activity looming on the horizon, but not yet addressed, when the consultant arrived in Manila. During the assignment, she reviewed a few of the LGUs' 1995 plans (developed in 1994) and talked with FPMD staff about the status of plan implementation, learning that LPP funds are unlikely to be available to the original LGUs until at least March. This suggests that implementation issues and problems are likely to be at the forefront of participants' minds when they come together in June, and thus should be addressed in the workshop.

Another potential design issue for the June workshops is the interest in providing a forum for LPP participants to discuss technical issues impinging on their programs. One such issue of current interest is quality of care. The idea of an Annual LPP Conference has been discussed before. With LPP implementation hardly begun, it seems premature to hold an LPP conference *per se*, but the idea of promoting technical discussion may still have merit.

With these thoughts and some focused discussion with FPMD's Resident Advisor, the consultant developed the following broad outline for the 1996 planning workshops, which has three main parts:

- PART I:** exploration of technical issues
- PART II:** review of progress and problems in implementation of 1995 LPP plans
- PART III:** initiation of planning for 1996

This overall approach is intended to be flexible. As workshop planning becomes more specific, each of the three parts could be expanded or contracted as deemed appropriate.

The rationale for beginning with the exploration of technical issues is that participants will not yet have reestablished their work groups from last year, and will not yet have become immersed in a discussion of operational issues. This might be the only opportunity during the workshop when they are able to think more expansively. Further, the ideas they explore during this session or sessions are ideas that they may be able to incorporate into their planning.

PART II then provides participants the opportunity to discuss ongoing and pressing operational issues, and to reflect together on ways to approach them. It also reminds them of the requirement to meet Year 2 benchmarks before the end of 1995, and assists them in developing an Action Plan for 1995 to ensure that the benchmarks will be met. This part of the workshop helps participants deal with pressing issues so that they can then move forward.

In PART III, participants begin to develop plans for 1996, and are able to apply what they may have learned through PARTS I or II to the development of their new plans.

A "first draft" curriculum for the 1996 planning workshops is included in Annex 4. In this draft, the consultant proposes a 2-day workshop, which would be attended by 3-4 participants from each of 10 LGUs (depending on whether a computer operator is included), for a total of 30-40 participants. The plan is set out in a format which should facilitate easy changes in schedule, overall approach, or the content or approach of individual sessions.

Role of the Regions

There has been growing interest in having regional DOH and/or POPCOM staff involved in LPP activities. Their involvement has advantages for the LPP in bringing to bear their considerable technical experience and knowledge of local circumstances, helping an overstretched LPP staff to complete an intensive workplan of activities, and contributing to the definition of their longer term roles and responsibilities under devolution.

Workshops are a good opportunity for regional staff to become involved and even to take on increasing responsibility. Those staff from regions who had participating LGUs last year attended last year's Orientation/Planning Workshops and are thus familiar with the LPP. Several of these staff are now assisting OSC/FPMD in workshops to introduce implementing guidelines and the benchmark monitoring system. They would be ideal candidates to assist with the 1996 planning workshops.

After some discussion with FPMD staff, it is the recommendation of this consultant that the 1996 planning workshops scheduled for June will be different enough from the Orientation/Planning Workshops for new LGUs that LPP staff will need to take the lead in planning and organizing them. However, the selected regional staff who have been most involved to date should be brought into the planning process early and should take on specific identified responsibilities. These might include certain responsibilities for workshop management (site selection, etc.) and also involvement as facilitators in the first workshop; in subsequent workshops they could increase their involvement, serving as co-trainers for specific sessions. In this way, they could begin to develop as a cadre of "LPP Partners," and this group could be gradually increased over the life of the project.

E. Draft Proposals for Themes/Agenda for Annual LGU Conference

In the consultant's discussions with FPMD's Resident Advisor, there was agreement that the concept of an annual LGU conference has merit, but is premature this year, with LGUs just beginning implementation of their LPP plans. The consultant decided to integrate some "conference-type" sessions in her draft plan for the 1996 Planning Workshops discussed above. This would set a precedent for discussion of technical issues in LPP workshops, separate and apart from operational planning, and more specifically would provide an opportunity this year for discussion of quality of care, a topic of current interest.

The objective of a more formal annual conference would be to provide an opportunity for LGU Health and Population staff to explore technical issues and topics associated with the implementation of integrated population, family planning, and child survival programs, and to learn from one another's experience in implementing LPP plans. Presentations could be offered by DOH, by outside speakers, or by the LGUs themselves. Some sessions might be focused on discussion of relevant technical topics, and facilitated by skilled facilitators. As in other professional conferences, participants might "pick and choose" which sessions to attend of several offered simultaneously.

Following is a list of potential themes or session topics:

- Success stories, presented by LGUs
- Successful examples of integration, or missed opportunities for integrated services
- Effective/ineffective referral strategies
- Findings concerning factors influencing FP continuation, discontinuation
- Reports on client interviews, regarding what is important to clients
- Strategies for reaching high risk women
- Maintaining CS gains under devolution
- Reports of successful/innovative population activities
- Effects of different approaches to supervision
- Training strategies at the LGU level
- New IEC strategies
- Sustainability
- Computerization of inventory checklists, and/or data management procedures

It is the recommendation of this consultant that such a conference, focusing on technical themes, be held prior to planning for the subsequent LPI¹ year, whether or not it is held separate from or as part of the LPP planning workshop. This would facilitate the incorporation of new technical insights or approaches into the planning process.

The pool of potential conference attendees will increase yearly, as more LGUs are brought into the program. There are advantages and disadvantages to limiting the size. As the group becomes larger, there is the potential for richer discussions, more sharing, and more learning; there is also the potential for more diversion and less focus. One possibility is to have LGUs fund their own participation; this may encourage them to send only their most interested members. In later years, it is possible that the conference could be self-sustaining.

F. Other Activities/Results

1. Quality of Care

There is increasing interest in how to incorporate a quality of care (QOC) perspective into LPP design and implementation, particularly given the recognition that both "new acceptor" and "continuing user" rates in the Philippines are lower than desirable. Ideas for increasing the focus on quality were discussed during this assignment, among them, the possibility of adding QOC questions to the Situation Analysis questionnaire and developing quality indicators which might serve as performance benchmarks in the future.

In considering QOC issues, the consultant reviewed Judith Bruce's framework emphasizing six fundamental elements of quality of care, as well as a number of locally relevant documents: Ned Roberto's 1991 paper, "An Operations Research Study of Clinic Performance in the Philippines Family Planning Program;" Cathy Solter's 1994 paper, "An Assessment of the Quality of Care in Family Planning Clinics in Four Regions of the Philippines. A Comparison between 1991 and 1994;" and a memorandum regarding possible benchmarks for quality voluntary surgical sterilization services, drafted by AVSC's Regional Director Nancy Piet-Palao during her attendance at the 1994 Orientation/Planning Workshop held in Baguio.

A review of the Situation Analysis Questionnaire from the perspective of the Bruce framework confirmed that the SA looks at at least two elements of quality, through questions on 1) the availability of different FP methods, and 2) the training of FP providers. While it is not possible to get an accurate assessment of client perspectives through the SA, a questionnaire addressed to managers, it was decided to add questions for managers about *their perceptions* of client experience. This offers the possibility of at least raising managers' awareness of the client perspective as an important issue to be considered, and may prompt some to look into the issue more deeply in their own LGUs. (Ideally, one or more LGUs might be able to present findings at a future technical conference.) These QOC questions are included in the FP Section of the SA which can be found in Annex II.

Given the importance FPMD attributes to quality considerations in designing and implementing population and family planning activities, the consultant drafted a possible session on quality to be included in the 1996 Planning Workshops for Group 1 (red) LGUs, scheduled for June. This is PART I Session 1 in the draft workshop design presented in Annex IV.

2. Orientation Visit

The consultant accompanied Dr. Cecile Lagrosa, FPMD Technical Advisor, and Dr. Jing Magsambol, newly hired OSC Counterpart, on an Orientation Visit to Tarlac Province February 7-8. This was the first Orientation Visit to a Group 2 (green) LGU, one of the LGUs being invited to join LPP this year. The purpose of the Orientation Visit was to introduce the LPP to the Governor and to appropriate health, population, and other officials, and to invite the Governor to nominate individuals to attend the Orientation/Planning Workshop scheduled for March. Two specific objectives of this particular visit were 1) to "field-test" Situation Analysis forms and particularly the newly added quality of care questions, and 2) to test the idea of including budget, accounting, and GSO officials in the orientation meetings.

In the course of meetings over two days, the LPP representatives met with more than a dozen Tarlac officials (see listing in Annex 3). The Governor was clearly supportive, and the Provincial Health Officer, who was immediately named Tarlac's LPP Coordinator, was enthusiastic and energetic. The Situation Analysis Forms were introduced, and staff reacted, giving overall feedback and more detailed suggestions on the wording of particular questions. The consultant used this feedback in developing the final version of the Situation Analysis Questionnaire.

The experience of including budget, accounting, and GSO officials was felt to be very useful. They were able to give immediate reactions to various potential strategies for the sharing of LPP funds with municipalities. Their reactions also reinforced the need for early consultations with municipalities and other participating agencies.

As a last stop in the province, the FPMD team visited a Barangay Health Station (BHS) staffed by a lone midwife. This was known to be a successful BHS and the midwife was clearly competent and dedicated. In discussions back in the FPMD/Manila office, the idea emerged that FPMD might keep a listing of exceptional FP providers such as this midwife, who could potentially be brought together in a focus group at some point to provide the "field perspective" on issues of interest to LPP managers.

3. Guidelines for Local Planning

LPP staff had developed and distributed to LGUs last year "Draft Guidelines for Local Planning," which proposed objectives and an approach for provinces and cities to use in initial consultations with municipalities/component cities, NGOs, and other GOs, with regard to the LPP. These guidelines were written from a "post Orientation/Planning Workshop perspective." In the course of the Orientation Visit to Tarlac, it became clear that an LGU needs to make initial contact with its local governments and other participating agencies before the Orientation/Planning Workshop, as the LGU needs to begin to gather data for its Situation Analysis, which should be completed in draft by the time of the workshop.

With this insight, the consultant worked with several FPMD staff to gather together all previous work on local guidelines, and drafted two versions: 1) Guidelines for Local Planning Prior to LPP Orientation Workshop, and 2) Guidelines for Local Planning Following the LPP Orientation Workshop. The former would be distributed during initial Orientation Visits to LGUs (as the February visit to Tarlac), and the latter would be distributed at the end of the Orientation/Planning Workshop.

V. SUMMARY OF RECOMMENDATIONS

Recommendations fall into three major categories: 1) Preparation and Curriculum for Orientation/Planning Workshops, 2) Preparation for 1996 Planning Workshops, 3) Broader Issues.

A. Preparation and Curriculum for Orientation/Planning Workshops

Prior to and during Orientation Visits:

- It should be communicated to LGUs in the first written communication, and reemphasized during the Orientation Visits, that use of the inventory checklists is not required, if the LGU has another form, process, or procedure for presentation and/or management of the same information.
- The need for initial consultations with local governments and other participating agencies prior to the LPP Orientation/Planning Workshop should be discussed during Orientation Visits, and the appropriate "Local Planning Guidelines" should be distributed.

With regard to the Situation Analysis checklists:

- It is the view of this consultant that the inventory checklists "appear" overly complicated, as presented. While there are actually only five checklists (for health facilities, training, supplies and equipment, IEC, and program management), the existence of separate forms for separate levels of the system suggests far more than five different forms. Especially since these forms *per se* are not required, it seems misleading to present the LGUs with so many different forms that look so similar; it conveys the impression that precision in format is critical, when it is not. The consultant's recommendation is to present five basic checklists for the five topics, and to leave blanks at the top for labelling according to level or type of facility being represented.

- An instruction should be added to the bottom of the Health Facilities checklist, with regard to what it means for a FP method or CS intervention to be "available" at a given health facility. For a FP method or CS intervention to be available, there need to be in place both trained staff and the needed supplies and equipment. If the checklist is filled out without this instruction, there will be very different responses, and responses will not be comparable either across LGUs or longitudinally within a given LGU.
- It is a concern of this consultant that the Training checklist has been simplified to ask whether a health provider has had a given training course rather than when he or she has had the training. It is understandably easier to get yes/no responses, but these are much less useful in the long run. If the eventual purpose of this database is to support a training management function, i.e., deciding whom to send to which training when, the dates of past training will eventually be needed. The consultant recommends that LGUs who have the management capacity to do so be encouraged during the workshop to record dates, and that consideration be given to modifying the instructions on the form for an LGU's second year of LPP participation, when management capacity is assumed to be greater.
- It was noted during the consultancy that two items were missing on the Supplies and Equipment Inventory and Program Management Inventory checklists, respectively: 1) chemicals (e.g., chlorine) for infection control (which C. Solter's 1994 study found to be lacking in many FP clinics); and 2) a vehicle to support the integrated population, FP, and CS program (which was frequently included in last year's LPP plans). These should be added.

With regard to Session Guides and Trainer's Notes:

- Once all curriculum materials, including handouts and overhead transparencies, have been finalized, they should be consolidated on diskettes and appropriately labelled.
- A manager should be assigned to oversee the process of making any necessary changes in curriculum materials. This manager should seek comments from all trainers and facilitators during the Orientation/Planning Workshops, consolidate comments, and oversee the inputting of changes following the workshops.

B. Preparation for 1996 Planning Workshops

- It is suggested that FPMD/Manila staff meet soon to review the draft plan and curriculum for the 1996 planning workshops for the Group 1 (red) LGUs (see Annex 4). Preliminary decisions should be reached with regard to workshop length, dates, participants, and overall schedule.
- The 1996 planning workshops are an ideal opportunity to get LGU input into the elaboration of Year 3 Service Availability benchmarks. The draft plan (Annex 4) includes a session for this purpose in PART III. In order for OSC/FPMD to make best use of this session, central level meetings need to be held in advance. FPMD is encouraged to establish a timeline soon for the Year 3 benchmark development process.

- If it is decided to include PART I technical sessions in the workshop, these sessions should be planned and trainers and facilitators identified. With regard to the Quality of Care (QOC) session, it might be interesting to monitor, during the upcoming Orientation/Planning Workshops, what kind of discussion takes place and what kind of responses are given to the QOC questions in the SA. While this will not provide any reliable data, it may help in understanding the underlying perspectives of health/population managers about quality issues.
- The situation analysis forms and planning standards and format should be reviewed with regard to what changes, if any, are needed for the second round of planning. For example, will LGUs be required to submit the full SA Questionnaire, or simply report changes from 1994? How, if at all, will the plan format be different? Session Guides will need to be adapted appropriately. Where fundamental changes have been made in forms and/or standards since 1994, these changes should be highlighted in writing to the Group 1 (red) LGUs.

It is suggested that a FPMD Technical Advisor be assigned to draft the necessary changes in the curriculum, to decide what to send ahead to LGUs, and to prepare the course materials.

C. Broader Issues

Although the scope of work for this assignment focused on curriculum development for upcoming workshops, curriculum materials tend to be a reflection of underlying program design, and workshop schedules are intricately interwoven with other program activities. Hence, the consultant's detailed activities led to somewhat broader observations. Among these were the anticipated impact of a number of new developments, some having occurred over the course of this assignment, some imminent. These include the recent addition of new Technical Advisors to FPMD/Manila and the upcoming transition to a new and even larger project team; the recent hiring of a DOH counterpart and the potential availability of additional counterparts; and the increasing complexity of the LPP workplan with a second batch of LGUs joining LPP. Given these pending "changes in the landscape," a number of specific recommendations emerge:

- Clarification of roles and responsibilities among the project team and between the team and DOH counterparts will become increasingly important. The current team has worked well together, collectively maintaining a remarkable pace of activity over the first 15 months of LPP. Differentiation of responsibilities has begun (N.B. this consultant worked almost exclusively with one TA to whom responsibility for workshop curriculum had been delegated), and this needs to continue; it needs to be led now by a vision of appropriate roles and responsibilities for the future, rather than by continual adaptation and accommodation. It is recognized that this will not be a uniformly smooth evolution, and there will be necessary adjustments along the way, but to minimize disruptions it is suggested that new work assignments now be made in the context of an ongoing evolution toward eventual roles and responsibilities, to the extent possible.

This is particularly important with regard to DOH counterpart staff. With the arrival of the first counterpart and the expectation that there will be others, it seems appropriate now to begin to lay the groundwork for the kind of counterpart relationship that will best serve the interests of LPP into the future.

- While there has been no official pronouncement about the role of DOH regional staff under devolution, these staff are a potentially rich resource for LPP. Regional health and population officials bring knowledge of local circumstances and considerable technical experience, and many have time available to contribute to LPP. FPMD has already begun to tap regional staff; three individuals are currently involved in workshops to present implementing guidelines and benchmark monitoring systems. It is recommended that FPMD continue to involve them (their participation as co-trainers is suggested for the June workshops), but, further, it is recommended that FPMD/MSH prepare a workplan for developing regional staff as "LPP Partners." The three staff who are most actively involved so far could lead the process, become involved more intensively, thus gaining familiarity with LPP and eventually training other regional staff. These individuals could be assigned responsibility for specific LPP activities, and would thus provide substantial support for the LPP expansion effort.
- It is important that FPMD/MSH staff continue to stay ahead of the operational workplan, that they continue to make time to not only respond to LPP requirements but also to chart the course. This will become increasingly important as it becomes more difficult.

In maintaining a future-oriented perspective, management attention now can be directed toward investments that will be needed in the future. The Group 1 (red) LGUs will provide the cues for this, if the effort is made to stay in close communication with them and to track their progress. What will their needs be next year, and how will LPP respond to them? This might suggest modifying the training checklist to make it more useful to LGUs as a management tool (as discussed earlier). Or it might suggest hiring a consultant to develop written guidelines on procurement management, or training management, or financial management at the LGU level, to be able to provide the critical technical assistance to LGUs, as it is needed, to support their development.

- One specific investment now would be to begin to develop a database of exceptional FP providers at the field level (such as the one identified in a Tarlac BHS), who might be an invaluable resource to LPP at some later date. These individuals could be tapped when "field input" was needed. They could be brought together as a focus group to explore specific issues, as for example what is constraining FP acceptance in the Philippines, or what is contributing to method discontinuation. These ideas might suggest medical barriers or management issues that deserve priority attention.
- Given the near-impossibility of providing quality technical support to and monitoring the progress of an increasing number of LGUs, but in order to make a contribution that moves beyond planning to implementation, it is suggested that FPMD/MSH may want to focus its technical assistance and research to selected LGUs. Providing direct technical assistance to a few LGUs would increase the likelihood of substantive management development in these LGUs, which lessons could then be shared with others. Devoting focused attention to operations research, tracking closely the management development that occurs in these LGUs with given inputs, would create the possibility of some real learnings, particularly with regard to the effectiveness of performance benchmarks as guideposts as well as milestones. With the effort being invested in LPP, it would be regrettable to miss these opportunities for wider impact.

ANNEX I: SCOPE OF WORK

Margaret Hume
Senior Program Associate, Population Division
o/a 30 January - 14 February 1995

Ms. Margaret Hume, Senior Program Associate for the Population Program, will return to Manila and work in collaboration with FPMD. With the FPMD/Manila Resident Advisor, Ms. Hume will help finalize the design of the 1995 Orientation/Planning Workshops scheduled for March and April 1995. Specific responsibilities will include:

- Revise and finalize workshop curriculum, including workshop objectives, session guides, training materials, and handouts. Since previous efforts have already been started in December 1994 by FPMD/Manila, Ms. Hume will need to produce in final versions all workshop documents based on collated comments/suggestions from pertinent DOH offices, CAs, and other participating agencies.
- Finalize trainer's notes, based on revised drafts by FPMD/Manila.
- Meet and consult all resource persons, facilitators, and trainers with regard to particular sessions, in collaboration with FPMD staff. Assist trainers and resource speakers in preparing particular sessions, whenever possible; provide drafts for overheads and handouts in selected sessions as need arises.
- Draft proposed curriculum for shorter 1996 Planning Workshops for the original LGUs and other planning activities, including estimated budget, and propose ideas for how regional offices can be actively involved in managing this process.
- Develop proposals for themes/agenda for the annual LGU conferences to be held throughout the life of the LPP and discuss how these conferences may be organized most effectively.

This piece of work is expected to take 2.5 weeks.

ANNEX II: SITUATION ANALYSIS QUESTIONNAIRE: FAMILY PLANNING SECTION

C. SITUATION ANALYSIS: FAMILY PLANNING PROGRAM

1. Service Delivery: coverage/quality of care

1.a. What is the Contraceptive Prevalence Rate in your LGU?

CPR: _____ (source/year: _____)

1.b. What is the level of unmet demand for FP services in your LGU. Unmet demand refers to the no. (or percentage) of MWRAs who want to practice family planning but are not practicing. If there are no data available at the LGU level, an estimate can be calculated by taking 37 % of MWRAs.

LGU level of unmet demand for FP services: _____

What do you think are the reasons for unmet demand?

1.c. With reference to the Health Facilities Summary checklist, showing services provided and numbers of staff in place at each facility, summarize the data as follows:

(Note: In order for a health facility to be counted as providing a FP service, it must have trained staff as well as appropriate equipment, supplies, and drugs. If any of these is lacking, the service is not being provided.)

Of all hospitals,	what % are providing pills?	_____ %
	condoms?	_____ %
	IUDs?	_____ %
	DMPA?	_____ %
	NFP?	_____ %
	VSS?	_____ %
	other (specify)	_____ %

Of all RHUs/MHCs,	what % are providing pills?	_____ %
	condoms?	_____ %
	IUDs?	_____ %
	DMPA?	_____ %
	NFP?	_____ %
	other (specify)	_____ %

Of all BHS, what % are providing pills? _____ %
 condoms? _____ %
 IUDs? _____ %
 DMPA? _____ %
 NFP? _____ %
 other (specify) _____ %

Of all NGO/GO facilities, what % are providing pills? _____ %
 condoms? _____ %
 IUDs? _____ %
 DMPA? _____ %
 NFP? _____ %
 VSS? _____ %
 other (specify) _____ %

What do you conclude about the availability of family planning services/methods in your LGU? Are all FP methods available in every municipality/barangay? In all facilities? What methods are not fully available? Why?

1.d. Do you have a plan for the introduction of DMPA? If not, what can you do to plan for this method?

1.e. Quality of care assessment

Note: Quality of care in FP is the degree to which services provided meet minimum standards and the needs and preferences of clients; consequently, it has a significant influence on client acceptance of FP and continuing use. The following questions have to do with your perceptions of client experience. (A more accurate assessment would include interviews with clients themselves following the FP visit.) The questions refer to FP services in devolved LGU facilities only.

- e.1. How often, do you believe, are all FP program methods explained/offered to women? (pill, condom, IUD, NFP, DMPA, VSS)
(circle response below and explain if necessary)
- Always/Usually Sometimes Rarely/Never
- e.2. How often are possible side effects explained?
- Always/Usually Sometimes Rarely/Never
- e.3. Is this information provided in a private counseling area?
- Always/Usually Sometimes Rarely/Never
- e.4. Are physical examinations done in a private room?
- Always/Usually Sometimes Rarely/Never
- e.5. How often are women able to get the FP method of their choice (if not contraindicated)?
- Always/Usually Sometimes Rarely/Never
- e.6. What do you believe are the ~~main reasons~~ for discontinuation?

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e.7. If you have identified any problems in e.1.-6. above, how would you address them?

1.f. Based on the data on CPR (1.a.), unmet demand (1.b.), current availability of FP services (1.c.-d.), and your assessment of quality of care (1.e.), what services or FP methods should be continued, strengthened and or improved? What improvements are needed?

Considering Questions 1.a.-f. above, briefly summarize your priorities in FP service delivery.

2. Training

2.a. With reference to the Training Assessment checklist, what trainings are most urgently needed to support service delivery?

- 2.b. Considering that it may not be possible to meet all training needs immediately (refer to 2.a.), who would be the priorities for training by category of personnel?

Considering Questions 2.a.-b. above, briefly summarize your priorities in training.

3. Logistics

- 3.a. Delivery: With reference to the Logistics Questionnaire, summarize the current effectiveness of your CDLMIS delivery system in making quarterly deliveries to RHUs, hospitals, and NGO clinics. Have you made all quarterly deliveries to date and on time?

If you have had problems in implementing the CDLMIS, briefly describe those problems and what has been done to address them. What else is needed?

- 3.b. Storage: With reference to the Logistics Questionnaire, summarize the adequacy of your storage facilities, and what key problems need to be addressed.

- 3.c. Inventory of equipment and supplies: With reference to the Equipment/Supplies Inventory checklist, summarize the major gaps in equipment and supplies needed for delivery of family planning services.

Considering Questions 3.a.-c. above, briefly summarize your priorities in logistics.

4. IEC and advocacy

- 4.a. What FP IEC/Advocacy activities are currently being undertaken? What resources are needed in terms of manpower, funds and other logistics requirements, e.g. IEC materials, equipment, etc.?

4.b. Are the current IEC materials (see IEC inventory checklist) available in adequate quantities for promotion of the PFPP in your LGU? If not, please explain. Do you believe that there are IECM problems that need to be addressed by strategies other than printed materials? Describe briefly.

4.c. What current IEC/Advocacy activities should be continued, improved and/or initiated?

Considering Questions 4.a.-c. above, briefly summarize your priorities in IEC/Advocacy.

5. Other concerns/topics

5.a. Consider the priorities you have identified for implementation of an effective family planning program? Are there additional problems, not yet identified, e.g., misunderstood policies, which act as medical barriers? (For example, one common misconception is that a woman must have 4 children before receiving VSS, but this is no longer a national policy.) What can be done to address these barriers?

5.b. Are there ways that LGUs can collaborate more effectively with NGOs and other GOs to strengthen overall service delivery (e.g., in delivery of commodities)? In what ways can collaboration be improved?

ANNEX III: LIST OF PERSONS CONTACTED / TARLAC ORIENTATION VISIT

1. Hon. Gov. Margarita Cojuangco	Governor
2. Consorcia (Conky) Lim-Quizon	PHO II
3. Aurora V. Garcia	PPO V
4. Develyn A. Florendo	Nurse IV PHO (FP Coordinator)
5. Grace M. Principe	PPO II
6. Godofredo B. Ducusin	PPO II
7. Edna G. Osregro	PBO
8. Agnes A. Alonzo	Prov. Acct.
9. Teresita L. Cervantes	Ass't Prov. Auditor
10. Carlota T. Ponce	PPDO (Planning Officer)
11. Patrocimo B. Yapcinco	Acctg. PGSO
12. Roberto P. Ventura	PPPC
13. Elpidio A. Caliboso	PGO Study Group Consultant
14. Teresita I. de la Cruz	Nurse V DOH Region III
15. Dr. Miriam Balahadia	Med.Spec.III DOH Region III

ANNEX IV: DRAFT PLANS / CURRICULUM FOR 1996 PLANNING WORKSHOPS

Workshop Objectives:

1. To facilitate participants' **exploration of technical issues** related to the expansion of FP and CS programs (PART I), using a format analogous to a technical conference, to enhance both ongoing implementation and future planning under LPP.
2. To assist participants in the **ongoing implementation of 1995 LPP plans (PART II)**, through review of progress and problems to date, and to update their LGU's benchmark monitoring calendar to ensure that Year 2 Performance Benchmarks are met before the end of 1995.
3. To initiate **planning for 1996 (PART III)**, based on a review and updating of 1995 plans, benefitting from any new insights on the expansion of FP and 4 CS interventions (gained through PART I), and in consideration of Year 3 Service Availability Performance Benchmarks.

Workshop Output from each LGU:

- * Revised benchmark monitoring calendar
- * Draft LPP Plan for 1996

Participants:

Propose 3 participants per LGU (plus possible computer person, who would be 4th); 10 LGUs per workshop – for total of 40 LGU participants. Plus 2 regional participants (health and population) from each region concerned.

Draft Agenda:

Day 1	Day 2
<p>9:00-9:30 Introduction</p> <p>PART I 9:30-11:00 -- I.1. Quality of Care presentation</p> <p>11:00-12:30 -- I.2. Other technical session/s</p>	<p>PART III 8:30-10:30 -- III.1. Year 3 Performance Benchmarks</p> <p>11:00-12:30 -- III.2. Situation Analysis (update)</p>
<p>12:30-2:00 LUNCH</p>	<p>12:30-2:00 LUNCH</p>
<p>PART II 2:00-4:30 -- II.1. Progress & Problems</p> <p>4:45-6:45 -- II.2. Year 2 Benchmark Monitoring</p>	<p>2:00-3:30 -- III.3. Objectives/Activities (revise)</p> <p>3:45-5:00 -- III.4. Financing/Budgeting (revise)</p> <p>5:00-6:00 -- III.5. Implementation Arrangements/ Administrative Order (revise)</p> <p>6:00-7:00 -- III.6. wrap-up What training/TA needed?</p>

A parallel agenda might be established for computer operators, with WP and QPro training on Day 1, and joining in on LGU group work on Day 2. The Group I (red) LGUs will not have had computer training during their first Orientation/Planning Workshop as Group II (green) LGUs will. This could be an opportunity for them to catch up.

Draft Sessions

PART I, Session 1: Quality of Care

The purpose of this session is to assist participants to explore the factors which influence clients' decisions to accept FP and to become continuing users -- and which are thus important determinants of CPR in the Philippines.

The presenter will introduce (and encourage discussion about) Judith Bruce's framework emphasizing 6 fundamental elements of quality of care -- choice of methods, information given to clients, technical competence of providers, interpersonal relations, mechanisms to encourage continuity, and appropriate constellation of services.

Against this backdrop, the presenter may choose to summarize (and invite comments on) the results of two studies undertaken in the Philippines. Ned Roberto's 1991 paper, "an Operations Research Study of Clinic Performance in PFPP," postulates that quality FP service is a function of 1) personnel, 2) outlets and facilities, and 3) performance and processing. He also concludes that both clinic managers and acceptors had relatively low expectations. (It may be interesting to ask why.) Cathy Solter's UNFPA study notes recent improvements in method availability and providers' technical competence, but raises some questions about the quality and impact of IEC materials and weaknesses in the supervision system.

The presenter will then either lead an interactive discussion or send the participants into small groups (mixed LGU groups suggested), with the following focus questions: Are the standard inputs of training, logistics, and IEC sufficient to promote FP in the Philippines? (Note that these are the components we have focused on through the Situation Analysis methodology.) Why or why not? What else can managers do to influence client behavior? Are there other elements you would add to Bruce's framework for QOC?

Session Objectives

By the end of the session, participants will be able to:

1. List 6 factors in Bruce's quality of care framework.
2. Give possible reasons, related to this framework, for the relatively low rates of FP acceptance and high rates of discontinuation in the Philippines.
3. Suggest interventions managers might take to **increase rates** of FP acceptance and continuing use.

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Notes for trainer

Suggest 30 min. plenary presentation, 30 min. small group work, 30 min. plenary with 3 minute presentations from some or all groups.

If time is limited, presenter may or may not decide to summarize both studies. For small group work, could choose to group FP and health people separately. A question for the CS group: What, if any, message is relevant/transferable to CS? Or, what does the QOC framework suggest about integrated programs?

PART I, Session 2: Other technical session/s (to be named)

This session or sessions offer participants the opportunity to explore some issues that may hinder, or offer possibilities for enhancing, pop/FP/CS programs in participating LGUs. Possible topics for discussion are:

- Misconceptions about FP policies
- Ineffective referral
- Inadequate supervision
- Missed opportunities for integrated services
- Maintaining CS gains under devolution
- LGU's organizational structure for LPP: is it effective?

Participants will be given discussion questions for small group work. Again mixed LGU groups are suggested, in order to promote cross-fertilization of perspective and experience. Groups will be asked to have brief responses to the questions ready for a plenary discussion. (Questions should conform to the session objectives.)

Session objectives

By the end of the session, participants will be able to:

1. Describe the issue or problem.
2. Explain why this problem is important, emphasizing what is at risk if it is not addressed.
3. Propose alternative ways to address the problem (having employed a brainstorming technique in the small groups), and select one approach.
4. List action steps that could be taken to operationalize this approach, specifying both short-term and long-term steps.

Notes for trainer

Suggest 60 minutes in small groups, and 30 minutes for plenary discussion. There are several possible methodologies that could be used for the group work in this session. It depends on how many topics are covered, and whether participants will all consider the same topic/s or whether they will select sessions to attend as if at a conference. Several possibilities are outlined below:

Method #1. Participants are divided into mixed LGU groups. ("Counting off" up to the desired number of groups usually achieves this, as participants tend to sit with their LGU colleagues.) In groups, they discuss 2 or 3 topics in their groups, in turn. Facilitators assist in watching time to ensure that all topics are covered.

Method #2. Different training spaces are announced for different topics, with facilitators assigned to each. (They may or may not actively facilitate, depending on needs of the group.) Participants "choose" which session/topic to attend for one hour.

Method #3. As in #2, except that 2 30-minute sessions are held. Participants may move for each 30 minute session. Therefore, 4 topics can be covered, 2 in the first half hour, and 2 in the second. Facilitators are likely to be needed in this approach, to help groups get started and use the 30 minutes efficiently.

PART II, Session 1: Progress/Problems to Date

Following the PART I sessions when participants are encouraged to think expansively, this session brings them back to the operational realities of their integrated population/FP/CS programs and offers them the first opportunity in this workshop to renew their cohesiveness as LGU LPP teams. Although they will likely be into only their 3rd month of implementation (given the anticipated March availability of LPP funds), they will at this point have experienced some successes and some obstacles. In this session, they will be encouraged to share these experiences, with the goal being to help them direct their management attention most effectively for the remainder of the 1995 implementation year. The participants will work in LGU groups first to develop lists of successes and obstacles; they will then return to a plenary session where the experiences of the different LGUs will be shared. The session will end with the brainstorming of possible ways to address commonly experienced problems.

Session Objectives:

By the end of the session, participants will be able to:

1. Describe the progress and problems they have experienced to date in their own LGU, considering each component of their LPP plan.
2. Discuss how their experience is similar to and different from the experiences of other LGUs.

3. List problems or obstacles shared by most LGUs in the implementation of LPP plans, and possible ways to address these problems.

Notes for trainer:

Suggest 15 minutes in plenary to introduce the session, then one hour in LGU teams, 15 minutes for a break, and a final hour in plenary. The first hour that participants spend with their LGU teams should give them the opportunity to cement their cohesiveness as an LPP team (or identify weak members who should be replaced). Presuming that they do not have many opportunities to come together as an LPP team, they should be instructed to discuss their individual activities to date, their overall LGU progress in each area (pop/FP/CS) including LPP management, and finally develop a list of successes and obstacles which they should be ready to share with the larger group.

In plenary, the session leader will have as a goal the development of a composite list (on tear sheets) of successes and problems. Focusing on successes first, he should ask for input from each team, marking the responses on the tear sheet to indicate successes experienced by more than one LGU. The session leader should encourage discussion as they go along, to promote a full understanding of what the experience has been. The same process should be followed for problems or obstacles. What will be especially interesting to DOH/LPP managers is what the common obstacles are; this could suggest areas for the possible development of technical/managerial guidelines for distribution (e.g., in procurement management or training management at the LGU level).

Finally, looking at the commonly experienced problems, the session leader should lead a brainstorming session to elicit ideas for responding to each type of problem. The idea is that problems may be corrected or minimized if addressed early enough. The participants should be encouraged to hold onto any ideas that seem relevant to them to include either in their 1995 action plans (next session) or to address in their 1996 plans.

PART II, Session 2: Year 2 Benchmark Monitoring

The purpose of this session is to give participants an opportunity to focus on their 1995 plan and, specifically, to review and update their benchmark monitoring calendar as necessary to ensure that Year 2 performance benchmarks are met.

Session Objectives:

By the end of the session, participants will be able to:

1. List the five Year 2 capacity-building benchmarks which they must meet before the end of 1995.
2. Describe their progress toward meeting these benchmarks.
3. Update their benchmark monitoring calendar as necessary to ensure that Year 2 PBs are met.

4. Identify action steps they may wish to take to address obstacles or bottlenecks they are experiencing in implementing their 1995 LPP plans.

Notes for trainer

Suggest 15 minute introduction in plenary and the rest of the time in small group work. In plenary, it would be helpful to distribute a list of the 5 Year 2 benchmarks, and discuss briefly what might be needed to meet each one. Also, a good idea to remind participants that meeting benchmarks is highest priority, and why.

PART III, Session 1: Year 3 Performance Benchmarks

The purpose of this session is to elicit LGU input into the Year 3 service availability benchmarks, and to thereby establish a context for their Year 3 planning. The presenter will review the framework of progressive performance benchmarks, will note that start-up PBs have been met and that Year 2 capacity-building PBs are to be met this year, with Year 3 service availability PBs to be the guideposts and milestones for next year.

The presenter will also review the process that has occurred to date in establishing the list of Year 3 benchmarks. This will include initial drafting and subsequent input from the DOH, USAID, and others. The plan for incorporating LGU input should also be described, and finally a date projected for the final Year 3 benchmarks to be announced.

Session Objectives

By the end of the session, participants will be able to:

1. Explain what is meant by "service availability" benchmarks, and their sequence in the framework of progressive benchmarks, i.e., why they follow "capacity-building" and precede "program performance" benchmarks.
2. Describe the process that has occurred to date in developing a draft list of Year 3 benchmarks, how LGU input will be incorporated, and when the final list is likely to be announced.
3. Suggest several objectives (and/or action steps) they may want to include in their Year 3 plans (and/or action plans), which will facilitate the meeting of service availability benchmarks.

Notes for trainer

This session should be designed based on where DOH/LPP is in the process of developing the list of Year 3 benchmarks, to what extent national level input has already been incorporated and how "final" the list is that is presented to LGUs at this workshop. Are we looking for fine tuning or more substantial input? The process that was followed last year for the development of the Year 2 PBs should be reviewed -- what worked well, and what should be changed?

PART III, Session 2: Situation Analysis

The purpose of this session is to give participants the opportunity to review their situation analysis from last year and to update it appropriately. In the plenary session, the presenter should give brief instructions, reminding participants that the SA process begins with data (from inventory checklists) and continues with questions that assist them in analyzing this data. In discussing the need for LGUs to update their data forms each year, the presenter notes that it has been a year since they were filled out last time, even though it there has not been a year of implementation. The presenter also highlights the fact that *ongoing communication* with local participating agencies and *computerized databases* would greatly facilitate the process of keeping information up to date.

Session Objectives

By the end of the session, participants will be able to:

1. Describe changes that have occurred in the last year in their health facility, training, equipment/supplies, IEC, and program management inventory databases.
2. Discuss ways that these databases might be kept up-to-date, given LGU resources.
3. Describe why and how such databases are useful for planning.

Notes for trainer

In initial communication to LGUs about this workshop, they should be sent all inventory checklists with the reminder that these forms per se are not required if the LGU has the same data available in another format. They should be instructed to bring up-to-date data to the workshop, as well as last year's SA forms.

During the session, participants should be encouraged to focus on changes in the SA since last year, considering inventory checklists first and then the questionnaire. Should explain that there have been some changes in the questionnaire, so LGUs should be sure to use the 1995 questionnaire. The presenter could also use this opportunity to encourage LGUs to begin to develop their own forms or databases, if they have not already done so, in the formats that are most useful to them. LGUs that have developed their own databases could share their experiences in doing so.

PART III, Session 3: LPP Objectives/Activities

This session gives participants the opportunity to update their integrated pop/FP/CS plans from last year. The presenter will point out that new objectives and activities may come from two sources: from last year's SA, filling in gaps that could not be responded to last year (e.g., additional training for which the need was identified last year, but which could not be included in last year's plan because it could not be managed in one year); and from this year's SA, considering new priorities that have been identified. The presenter will draw special attention to the program management area, for which new needs may have emerged based on the special requirements and challenges of managing the LPP. After a brief introduction, participants move into their LGU groups for the remainder of the session.

Session Objectives

By the end of this session, participants will be able to:

1. Specify objectives and activities directed at filling gaps which were identified last year, but which could not be included in last year's plan.
2. Specify objectives and activities which respond to newly identified needs and priorities.

Notes for trainer

LGUs should be instructed in advance to bring copies of last year's plans to the workshop. There may be confusion as to whether objectives and activities which were included in last year's plan, but which have not yet been implemented, should be included in this year's plan; this point should be clarified!

New worksheets should be given to all groups, and any changes since last year's worksheets should be specifically pointed out.

PART III, Session 4: LPP Financing/Budgeting

The presenter will open this session with a brief review of how the LPP financing mechanism is working from the point of view of the LGUs (describing any changes in the mechanism, if there are any, from what was envisioned last year) and specifically the LGUs' progress/success in accessing funds. The presenter will then move on to explain any changes in budgeting requirements for 1996 LPP plans. After this brief introduction, participants will move into LGU groups to cost out the objectives and activities they have just identified for 1996.

Session Objectives

By the end of the session, participants will be able to:

1. Describe the process by which they have accessed LPP funds in their LGU, and any problems they have encountered with this process.
2. Explain the changes in budgeting requirements from last year to this year.

Notes to trainer

Suggest a very brief plenary discussion, so that participants will have as much time as possible in their LGU teams. It may be possible to include the necessary financing/budgeting comments with the last session's plenary discussion, in order to maximize group time. If that approach is used, the trainer/s can distribute budgeting guidelines and worksheets to LGU groups when they are ready for them.

PART III, Session 5: Implementation Arrangements/ Administrative Order

In this session, participants review the implementation arrangements established and the Administrative Order issued in support of their 1995 LPP plan, and discuss whether any changes are necessary or appropriate for 1996.

Session Objectives

By the end of the session, participants will be able to:

1. Describe the effectiveness of their implementation arrangements and Administrative Order in supporting LPP implementation in 1995.
2. Explain any changes that they would recommend for 1996, and why.

Notes for trainer

As with the previous session, it may be appropriate to omit a separate plenary presentation for this session, but rather to have trainers and facilitators rotate among LGU groups to present guidelines for this session.

Participants will have been instructed to come to this workshop with their 1995 plans and their MOAs. They should be asked to review the implementation arrangements and Administrative Order to decide, as a group, whether they believe they continue to be effective as written in supporting LPP implementation. If not, they should draft suggested changes, which they will submit with their 1996 plans.

PART III, Session 6: Wrap-up: What training/TA needed?

The presenter will open this final session by encouraging participants to reflect on what types of training or technical assistance they may need to strengthen LGU capacity to manage the LPP. They are encouraged to consider current implementation issues and problems, as well as future needs they anticipate. The presenter will outline the types of assistance that may be available through DOH/LPP, and will suggest other avenues for other assistance. (For example, computer training or technical assistance in establishing computerized databases may be available commercially.) Participants will work in their groups to establish a list of needed training and technical assistance, and will leave a copy with LPP management before departing.

Session Objectives

By the end of the session, participants will be able to:

1. List types training and/or technical assistance they need to strengthen their capacity for managing LPP.

Notes for trainer

It will be important for DOH/LPP to be able to state what types of training and/or TA they may be able to provide, and to give guidance to LGUs about other possible sources of training/TA. (Types of LPP assistance could include LPP funding of workshops or the development of procedures manuals, as in procurement, training management, or database development and management, for example. Another possibility would be inviting a speaker to next year's LGU conference or planning workshop.)

Facilitators should rotate among LGU groups during this session.