

PMTAT ANNUAL REPORT

October 1, 2000–September 30, 2001



Program Management Technical Advisors Team

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Program: Integrated Family Planning Maternal Health Program (IFPMHP)

Contract No.: 492-0480-C-00-5093-00

Contractor: Management Sciences for Health

Reporting Period: From October 1, 2000 – September 30, 2001

SECTION I. SUMMARY OF ACCOMPLISHMENTS

During the past year (October 1, 2000 – September 30, 2001) the project team has made significant refinements to the Matching Grant Program's technical assistance to Local Government Units (LGUs). The training and local planning workshop sessions strictly follow a *learning-by-doing* approach, and the workshop is now conducted in two phases to allow LGU teams to amass evidence from collecting data in their municipalities' and cities' barangays. The national Certification and Recognition Program has been fully integrated into the training and planning workshop for LGUs to improve health facility readiness to deliver high-quality services. A Facility Self-Assessment Checklist has been developed and tested for this purpose.

The Local Government Code of 1991 calls for effective partnerships among LGUs to attain national goals. Grant programs of the LGU Performance Program (LPP) have helped to forge such partnerships between provinces and municipalities or cities, and between municipalities and cities to form a District Health Board. For example, the province of Negros Occidental has applied its remaining LPP base grant to expand the Matching Grant Program (MGP) to additional municipalities in the province, and combined financial and technical resources with a city participating in the MGP to expand disease surveillance systems to hospitals and to LGUs in the province. And, in Negros Oriental, the District Health Board of Santa Bayabas was formed to merge the funding and management of three LGUs to implement the MGP.

The Community-based Monitoring and Information System (CBMIS) has been revised to better address LGUs' experiences implementing it. The project developed a Community-based Disease Surveillance System (CDSS) to train LGUs participating in the MGP and assists them to setup disease surveillance systems in their municipalities or cities. LGUs not enrolled in the MGP and other donor-funded projects have requested training in both the CBMIS and CDSS during the reporting period.

The project has expanded the MGP to LGUs in the most depressed regions and to LGUs in regions of Mindanao, and an exceptional effort has been made to transfer to Centers for Health Development provision of technical assistance to LGUs. Publication of *Best Practices* and *Technical Notes* has improved Program understanding among Centers for Health Development

and LGUs, and is guiding other governments and USAID-funded projects where health care is decentralizing, such as Indonesia. Publications to date include 5 Best Practices and 4 Technical Notes that are available in hardcopy and on the Web. Technical exchange of information and Centers for Health Development assuming financial and technical responsibilities for the MGP are important steps to ensuring the Program's sustainability.

Below is a summary of other major achievements:

145 LGUs Enrolled in the Matching Grant Program (MGP). One hundred forty-five (145) LGUs are enrolled in the MGP with the addition of fifty-four (54) LGUs during the last quarter. The additional LGUs are from Catanduanes (11), Negros Occidental (12), Eastern Samar (3), Northern Samar (3), Southern Leyte (5), Davao Sur (6), Sarangani (4), Davao Oriental (5), General Santos City, and Sultan Kudarat (4).

81 LGUs in the MGP with *Sentrong Sigla* Certified Facilities. Eighty-one (81) of the 145 LGUs currently enrolled in the MGP have at least one facility certified as *Sentrong Sigla*.

94 LGUs in the MGP Enrolled in the Indigent Program of the PHIC. Ninety-four (94) of 145 currently enrolled MGP LGUs are participating in the PHIC's Indigent Program. Sixty-seven (67) have paid their premiums and 87,764 families have been issued their Indigent Program identification cards.

SECTION II. DETAILED REPORT

A. BACKGROUND

The primary objective of the IFPMHP Program (USAID's S.O. 3) is to reduce fertility and improve maternal and childcare by increasing public-sector provision of sustainable FP/MCH services targeted at the poor, and by increasing private-sector provision of contraceptives and FP/MCH services. The objective and intermediate results are to be accomplished by increasing contraceptive prevalence, expanding family planning utilization among the poor and high-risk women, immunizing children and women to protect children against neonatal tetanus, supplementing children's diets with vitamin A capsules, and by developing an effective and sustainable fee-for-service family planning program.

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

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

1. Performance Objective 1: To **expand service delivery** by enrolling at least 100 local government units (LGUs) in the Matching Grant Program.
2. Performance Objective 2: To **improve quality of care** by no less than 80 MGP LGUs having at least one *Sentrong Sigla* certified facility.
3. Performance Objective 3: To **promote sustainability** by at least 80 MGP LGUs enrolling in the Indigent Program of the Philippine Health Insurance Corporation (PHIC).

In addition, the Contractor will develop the following systems to support these performance objectives.

- a. LGU to LGU technical exchange.
- b. Sub-granting of provincial funds to component cities and municipalities.
- c. Updating and disseminating service standards and mechanisms for their compliance at the health facility level to ensure high quality services.

B. PROJECT MANAGEMENT

Accomplishments (October 1, 2000 — September 30, 2001)

1. **Status of MGP Benchmark.** The status of the MGP benchmark was presented to the LPP Steering Committee in August 2001. Thirty-seven (74%) of 50 LGUs that submitted their quarterly reports (CBMIS Form 3) achieved the coverage targets for fully immunized

children (FIC), protection of neonates from tetanus (PAB), Vitamin A supplementation, and modern contraceptive use in their poor communities.

2. **Contract Modification No. 15.** The contract modification was issued by the USAID/ORP obligating additional funds of \$2,208,313 to PMTAT in September. The contract is now fully obligated to its life-of-contract funding level through September 30, 2002.
3. **Laptop Purchase.** The project was authorized to purchase four (4) additional laptop computers in September to replace old units purchased in 1996 that are no longer functioning. The laptop purchases will enable Field Coordinators to be more productive when traveling to regional and provincial offices, and MGP sites, to communicate with PMTAT's office, and connect to PMTAT's LAN.

Next Quarter

- Submit Project FY 2002 Work Plan to USAID for approval.

C. SERVICE DELIVERY EXPANSION

Performance Objective 1: At least 100 LGUs are enrolled in the MGP

Accomplishments (October 1, 2000 — September 30, 2001)

1. **145 LGUs Enrolled in the Matching Grant Program (MGP).** One hundred forty-five (145) LGUs are enrolled in the MGP with the addition of fifty-four (54) LGUs during the last quarter. The 54 newly enrolled LGUs represent planned accelerated expansion in the more depressed Regions of Bicol and Eastern Visayas, as well as expansion in Regions of Southern and Central Mindanao, and Western Visayas. In Bicol, 11 LGUs in Catanduanes enrolled; in Eastern Visayas, 3 LGUs in Eastern Samar, 3 LGUs in Northern Samar, and 5 LGUs in Southern Leyte enrolled; in Southern Mindanao, 6 LGUs in Davao Sur, 4 LGUs in Saranggani, 5 LGUs in Davao Oriental, and General Santos City enrolled; and in Central Mindanao, 4 LGUs in Sultan Kudarat enrolled in the last quarter. In the Western Visayas Region, 12 LGUs in the Province of Negros Occidental were enrolled in the MGP by a sub-grant from the Provincial Health Office.

The addition of LGUs in the past quarter brings the total to 145 LGUs enrolled in the MGP (Appendix A). Four LGUs, Bayambang, Lubao, Concepcion, and Tacloban City, were dropped from the program because of failure to implement their work plans and poor performance.

2. **A Revised MGP Technical Assistance Package (MGP-TAP).** MGP technical assistance to LGUs is now implemented in two phases of training and planning. The two phases are divided into sessions that use a "*learning-by-doing*" approach to training LGUs and helping them develop evidence-based plans. With minimal facilitation, the LGU teams learn by developing their own products during each session. During Phase I, LGU teams are trained in conducting CBMIS and health facility self-assessments. Over a period of six to eight weeks,

the LGU teams carry out CBMIS in their priority barangays to establish a baseline of family profiles that identify unmet needs of women and children for family planning, protection from neonatal tetanus, childhood immunization, and vitamin A supplementation. In addition, each LGU conducts health facility self-assessments in their priority barangays to determine the health facility's state of preparedness to be *Sentrong Sigla* certified. Upon completing data collection, the LGUs are called back for Phase II of the MGP-TAP. During Phase II, LGU teams develop concrete action plans (including budgets) of specific interventions based on their actual CBMIS data and health facility assessments.

A series of Phase-I and Phase-II workshops were conducted during the last quarter. Six Phase-I training workshops were conducted for newly enrolled LGUs in Davao Sur, Davao Oriental, Eastern Samar, Northern Samar, Southern Leyte, Saranggani and Negros Occidental, and General Santos City. These Phase-I workshops included five health staff from each participating LGU, provincial staff, and regional staff including DOH representatives. Two Phase-II training and planning workshops were conducted for South Cotabato and Bayawan District in Negros Oriental.

3. **Responsibility to Manage and Expand the MGP transferred to CHDs (Regions) and Provinces.** During the MGP training and planning workshops for LGUs, CHDs and provincial training teams were trained as facilitators. CHD and provincial training teams were also trained to monitor MGP activities in their LGUs. To date, CHDs 5, 7, 8, 11, and 12, and provincial teams of Catanduanes, Negros Occidental, Negros Oriental, Davao Sur, South Cotabato, Saranggani, Davao Norte, and Sultan Kudarat have been trained. They have trained newly enrolled LGUs and assumed responsibility for monitoring MGP activities in their regions or provinces. The project has promoted and facilitated **inter-regional collaboration** in training newly enrolled LGUs. For example, CHD 11 assisted CHD 8 in training its regional team and new enrollees (Eastern Samar, Northern Samar, and Southern Leyte), and CHD 8 assisted CHD 5 in training its team and new enrollees in Catanduanes. Appendix B summarizes the CHD and provincial teams and the training each has conducted to date.
4. **NCR, Guimaras Province, Cagayan de Oro, Bacolod City, Butuan City, 4 LGUs in Lanao del Sur, and the Red Cross trained in CBMIS.** PMTAT received requests for CBMIS training from several LGUs not enrolled in the MGP. Using their unspent LPP Base Grant or Top Performer Grant, Guimaras Province, Cagayan de Oro, Bacolod City and selected municipalities and cities of the NCR were trained in how to implement the CBMIS.

CBMIS training of trainers was conducted in Butuan City at the request of the City Health and Population Offices on June 15-17, 2001. Butuan City is one of project sites of the Population Council's Advocacy Project on Reproductive Health together with other selected cities in Regions 9, 10, and 11. Although the Advocacy Project planned to use CBMIS in addressing unmet need for family planning, Butuan City decided to implement the system to cover the other target programs of the MGP as well (immunization of children and pregnant women, and vitamin A supplementation,).

At the request of the Philippine National Red Cross (PNRC), the project trained its staff in CBMIS to help implement PNRC’s Primary Health Care project in LGUs of Lanao del Sur and Maguindanao. Training of trainers was conducted from July 31 to August 2, 2001 in Iligan City for the PNRC’s project sites (Ditsaan Ramain, Taraka, Bubong, and Buadipuso Buntong) in Lanao del Sur. Lily Montano, a Canadian Red Cross Health Adviser, facilitated the process and PNRC’s adoption of CBMIS at project sites.

Next Quarter

- CHDs 5 and 12 will conduct training and planning workshops for new MGP enrollees in Camarines Sur, and in ARMM, respectively.
- The project, together with CHD teams, will conduct MGP training and planning workshops for newly enrolled LGUs.
- The project, together with CHD teams, will monitor implementation activities and program accomplishments at MGP sites.
- The project, together with CHD teams, will finalize the Facilitator’s Guide to the Matching Grant Program for publication at MSH, Boston.
- The project will conduct Community-based Disease Surveillance System training for Malaybalay, Taytay, and two Integrated Community Health Service Project (ICHSP) sites, Siargao Island and a district in South Cotabato.
- The project will conduct MGP-TAP Training of Trainers for Regions 1, 2, 3, 4, CAR, NCR, 6, 9, 10, CARAGA and ARMM.

D. QUALITY IMPROVEMENT

Performance Objective 2: At least 80 MGP LGUs have a *Sentrong Sigla* Certified Facility

Accomplishments (October 1, 2000 — September 30, 2001)

1. **81 LGUs in the MGP with *Sentrong Sigla* Certified Facilities.** There are 81 LGUs in the MGP with at least one facility certified as *Sentrong Sigla*. Unofficially, 1,306 facilities have been certified nationwide (see Appendix C for list of all certified facilities by region).

Type of Facility	Total No. of Facilities	No. Certified	Percentage Certified
RHU	2,405	1,049	43.6
BHS	13,556	174	1.3
Public Hospital	644	83	12.9

2. **Facility Self-Assessment Checklist (FSAC).** The Facility Self-Assessment Checklist (FSAC) for LGUs was disseminated to all regional offices, and both project and non-project sites were introduced to the tool in preparation for *Sentrong Sigla* certification of facilities that started in July.

3. **Sentrong Sigla Quality Standards List (QSLs).** Refined the proposed quality indicators for *Sentrong Sigla* incorporating the National Health Objectives and the indicators that are categorized as inputs (availability of services), process (utilization of services) and outputs/outcomes (service coverage). The new Standards and Procedures Subcommittee will use these indicators in repackaging and completing *Sentrong Sigla* standards scheduled next quarter.
4. **Quality Assurance Sessions of the MGP-TAP.** Reviewed and revised quality assurance session guides for the MGP-TAP, and developed facilitator guides for the quality assurance sessions.
5. **Technical Assistance to the DOH.**
 - Conducted orientation/briefings to new *Sentrong Sigla* subcommittees.
 - Developed a framework for standards development in preparation for the write shop in October to be attended by Program Managers.
 - Developed LGU Guide for Forecasting Drug, Vaccine and Medicine Requirements with HSRTAP
 - Assisted CHDs in conducting the MGP-TAP training: Phases 1 and 2.
 - Oriented DOH-ARMM on MGP and MGP expansion in ARMM and assisted in the discussion on how to facilitate the transfer of MGP funds from CHD 12 to DOH-ARMM.
 - Assisted IFPMHP PMO in orienting Cagayan de Oro City re MGP TAP package.
 - Assisted the DOH, together with MSH-HSRTAP, to coordinate with PITC regarding expanding list of drugs for parallel drug importation.
 - Monitoring visits to MGP sites and other sites in Regions 1 through 8, 12, and CARAGA.

Next Quarter

- Revision of the *Sentrong Sigla* Standards, Tools, and Procedures as recommended by the new Sub-Committee.
- Monitoring of MGP sites with *Sentrong Sigla* certified facilities.
- Monitoring of MGP sites without *Sentrong Sigla* certified facilities.
- Finalizing arrangements with PTIC regarding parallel drug importation of vaccines, Vitamin A, and Iodine.
- Dissemination of LGU Guide for quantification of drugs, medicines, and vaccines.

E. SUSTAINABILITY

Performance Objective 3: At least 80 MGP LGUs are enrolled in the PHIC Indigent Program

Accomplishments (October 1, 2000 — September 30, 2001)

1. **Enrollment of 94 MGP LGUs in the Indigent Program of the PHIC.** Ninety-four (94) MGP LGUs of 145 currently enrolled MGP LGUs have signed Memorandums of Agreement

that include cooperation with the PHIC to participate in the Indigent Program. Of the 94 MGP LGUs, 67 are in the “servicing stage” (paid their premiums and IDs issued to enrolled families). A total of 87,764 families in MGP sites are currently enrolled in the Indigent Program (see Appendix A).

Next Quarter

- Increase in number of LGUs in PHIC servicing stage
- Increase in number of LGUs enrolled in the PHIC

Performance Objective 4: System for LGU Technical Exchange Established

Accomplishments (October 1, 2000 — September 30, 2001)

1. Updates from the Field: *Best Practices*.

- “EPI Plus
- “Mother-Baby Watch”
- “Personalized Client Follow-up Through Call Slips”
- “Bringing Sterilization Services to the Main Health Center”
- “Responding to the Health Needs of Aetas in Lupang Pangako.”

2. Updates from the Field: *Technical Notes*. Three new *Technical Notes* appeared in the last quarter:

- “Expanding the Delivery of Health Services through a Community-based Monitoring and Information System”
- “Pooled Pharmaceutical Procurement in Pangasinan”
- “The 2000 Family Planning Survey: Variation in Use of Modern Contraceptives”
- “Setting Up A Community-Based Disease Surveillance System”

Next Quarter

- **Updates from the Field: *Best Practices***
 - “Reducing Unmet Needs With CBMIS”
 - “Challenges of Providing Health Services to the Urban Poor”
 - “Challenges of Providing Health Services to the Urban Poor”
 - “Prime Health Movers in LGUs”
 - “Regions and Provinces Manage the MGP”
- **Updates from the Field: *Technical Notes***
 - “The Matching Grant Program: A Strategy to Expand Local Health Service Delivery”
 - “Strengthening Provincial-Municipal Partnerships through Subgranting”
 - “PhilHealth’s Indigent Program”

“Population Council’s Evaluation of the MGP”

- **Updates from the Field: *Outbreak Reports***
“Measles Outbreak in Cabanatuan City”
- Exhibit at the 10th anniversary celebration of the Local Government Code (October 9-10).
- National Consultative Workshop (October 23-24, 2001).
- September-October 2001 issue of *Health Beat*.

F. IMPLEMENTATION ISSUES AND ACTIONS TAKEN OR RECOMMENDED

Three of the most important and persistent issues that affect successful implementation of the Program are the FHSIS, inadequate numbers of BHWs, and irregular availability of vaccines. Although the FHSIS has been revised again and labeled “decentralized”, it remains a clinic record keeping and reporting system that is likely to continue impeding expansion of essential health services and outreach activities. In fact, it is stated in the documentation of the newly revised system that “*the decentralized FHSIS focuses on information needs at the national level. Municipal, city, provincial and regional public health systems may need to identify and track other health indicators based on local priorities, local resources and local interests.*” Such an approach may increase the burden of record keeping on providers if the FSHIS does not meet the needs of public health services. The USAID-funded IDSCP provided technical assistance to the revision.

The Barangay Health Workers’ Benefits and Incentives Act of 1995 (R.A. 7883) states that “*The DOH shall determine the ideal ratio of barangay health workers to the number of households: Provided, that the total number of barangay health workers nationwide shall not exceed one percent (1%) of the total population.*” The DOH has interpreted this section of the Act as requiring approximately 1 BHW for every 20 households. In practice, this ratio of BHWs to households is very rare. Municipal and barangay support for BHWs has waned since health care was devolved to local governments, although community-based services and monitoring depend heavily on the availability of volunteer health workers.

Most LGUs have shortages or periodic stock outs of vaccines for fully immunizing children. DOH drug procurement, although streamlined in the past 2 years, remains unpredictable, protracted, and is often for less than 100 percent of the need based on past consumption. Pooled procurement schemes and parallel drug importation offer LGUs options for supplementing DOH procurement of drugs and vaccines and making less expensive, high-quality drugs and vaccines available at health centers and RHUs.

Recommendations and Actions Taken

The Project believes that the newly revised FHSIS is not responsive to 10 years of experience with FHSIS in a devolved setting. PMTAT has learned that LGUs need a monitoring system for public health services that identifies and prioritizes families and individuals who would benefit from the services but are not using them—an “active” monitoring system that reaches families

and individuals in the most disadvantaged communities. PMTAT has also learned that data consolidated by FHSIS at higher levels of authority are not routinely interpreted and do not represent the information that the DOH needs to develop national public health program strategies.

PMTAT will meet with Dr. Consorcia Lim-Quizon and NEC staff to be briefed on NEC's recent revision of FHSIS and NEC's HIS development plans. PMTAT will update Dr. Lim-Quizon on the MGP technical assistance package, including CBMIS, and CDSS.

The LPP has been promoting BHW and BSPO participation in delivering family planning and MCH services since 1994, and the DOH has now included in its family planning strategy "active case finding," master listing, motivation of clients, and expanding the role of BHWs. The Project recommends that LGUs enrolled in the MGP commit to maintaining the 1:20 ratio to households or expanding to achieve it as a condition of the MOA. PMTAT will recommend to the DOH that new enrollees and re-enrollees agree to this condition.

The Project informs LGUs participating in the MGP (including provinces sub-granting to municipalities and cities) of the advantages of pooled procurement among LGUs and hospitals, and parallel drug importation. Some LGUs have expressed interest in participating in these alternative procurement schemes. PMTAT is currently coordinating with HSRTAP to include vaccines (multi- and single-dose) in upcoming importation by PITC. Hospitals in Negros Occidental and districts in Negros Oriental (HSRTAP convergence site) are planning to pool resources to procure drugs through parallel importation. PMTAT is now exploring more ways to cooperate with HSRTAP at field sites.

SECTION III. TECHNICAL ASSISTANCE

Name of Consultant	Date of Visit	Tasks Completed
Dr. Steve Sapirie	Aug 11 – 23, 2001	<ul style="list-style-type: none"> • Reviewed the syllabus and session guides of the revised Technical Assistance Package Phase II training workshop. • Attended an MSH project coordination meeting (with Charlie Stover and Bob Simpson) • Met with USAID to exchange views about project progress and future directions, with Bob Simpson, Charlie Stover and the two MSH CoPs • Attended, observed and critiqued the delivery of the revised Phase II training package in Bacolod City. • Worked with the PMTAT teams to confirm necessary adjustments to the training package, and the desired content and format of a publication describing the training approach, to be developed as a major project product.
	May 19 – Jun 1, 2001	<ul style="list-style-type: none"> • Reviewed the syllabus and session guides of the revised MGP Technical Assistance Package • Met with CDC and IDSCP staff to discuss needs and options for future collaboration • Attended, observed and critiqued the delivery of the revised training package in Davao City, Region 11. • Debriefed with USAID, Manila, and the DOH (Secretary of Health)
	Mar 19 – Apr 4, 2001	<ul style="list-style-type: none"> • Revised the new infectious disease surveillance course for LGUs following the pretest with Cabanatuan City. • Pilot tested the course March 26-30. Surveillance team participants included Bislig, Calbayog, and Batangas. The 3 LGUs represent Mindanao, Visayas, and Luzon. Calbayog is an IDSCP and MGP site. Bislig and Batangas are in the MGP. Made final revisions. • Made recommendations for revising the MGP orientation and planning course that integrates the data-driven planning process of the MGP and QA tools of the certification and quality improvement process.
	Nov 25 – Dec 9, 2000	<ul style="list-style-type: none"> • Supported Basic Epidemiology and Surveillance course in Bago City. • Critiqued course and identify strengths and opportunities for improvement

Name of Consultant	Date of Visit	Tasks Completed
		<ul style="list-style-type: none"> • Assisted PMTAT, Regional Epidemiology Unit, and LGU to set specifications, objectives, training approach, and defined session topics for improved course. • Assisted PMTAT coordinate with DOH/NEC regarding community-based surveillance and HIS activities. • Assisted PMTAT and NEC in draft plan for improved LGU surveillance course. • Assisted MGP to revise CBMIS and LGU orientation and planning approach.
Dr. Steve Solter	May 19 – Jun 1, 2001	<ul style="list-style-type: none"> • Participated in a practice session at the PMTAT office where three presenters from LGUs participating in the MGP gave presentations on innovative activities they have carried out over the last year. • Attended the monthly meeting of CA's (funded by USAID) on May 21st where the three MGP Municipal/City Health Officers gave their presentations (see above). • Met with senior technical staff of PMTAT to discuss project management and implementation issues, to identify problems and constraints, and to determine practical, sustainable solutions to the identified problems. • Reviewed project documents to clarify accomplishments to date, remaining goals and objectives, and plans for the final 16 months of the project. • Reviewed project issues with Joe Rodriguez, Chief of Party • Met DOH officials, including Dr. Manolet Dayrit, Secretary of Health, and Dr. Conky Quison, Executive Assistant to the Secretary on May 31st. • Traveled to Davao for a 3-day workshop with LGU and CHD staff from Region XI focusing on providing technical assistance in support of important MGP and Sentrong Sigla interventions (May 27-30) • Debriefed with USAID staff on May 31st.
Dr. Scott McKeown	Mar 26 – Apr 11, 2001	<ul style="list-style-type: none"> • Assessed results from conducting Level-I certification activities in health centers and hospitals and made recommendations for revisions. • Refined the Certification/Recognition Program (CRP) framework so that it is clearly associated with system functioning. Level-1 certification reflects availability of supplies and equipment, adequate staffing and facility; Level-II certification reflects improved clinic

Name of Consultant	Date of Visit	Tasks Completed
		<p>management and service delivery leading to higher utilization; and Level-III certification reflects better coverage of targeted populations.</p> <ul style="list-style-type: none"> • Reviewed and defined QA modules that will be needed to help LGUs achieve higher levels of certification for their facilities.
Ms. Natalie Gaul	Feb 19 – Mar 2, 2001	<ul style="list-style-type: none"> • Provided technical assistance and training on new Field Expense Accounting system and related operational matters. • Conducted business assurance audit and operational systems review. • Coordinated training between the two project offices in Manila, in order to maximize the time available and develop a strong user team. <p>Related Tasks:</p> <ul style="list-style-type: none"> • Assisted PMTAT to improve its financial management and reporting capacity through the use of QuickBooks, while working within the context of the Corporate MSH Business Information System. <ul style="list-style-type: none"> – Installed QuickBooks software and loaded preliminary data files, such as the revised corporate Chart of Accounts and required Task and Subtask information. – Worked with accounting and program staff to outline additional coding requirements and report design. Coordinated these requirements with Boston-based requirements and limitations and implemented coding scheme and report design. – Provided training related to daily accounting transactions, month-end reporting procedures, local reporting capacity and corporate reporting and data requirements. – Examined and provided training related to new functionality for financial management provided by QuickBooks: accrual basis accounting, inventory, bank reconciliation, advance tracking, etc. – Provided technical assistance related to system security and maintenance and protocols for coding modifications. • Conducted a routine business assurance review and physical inventory, in collaboration with appropriate field staff, to ensure that sound business practices and internal control are in place.

Appendix A.

Matching Grant Program Enrollees (N=145 LGUs)

Region	Province	LGU	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth	
				w/ MOA	# of Enrolled Households
1	Ilocos Norte	Laoag City		✓	758
	Pangasinan	Malasiqui	✓		
		Asingan			
		Mangaldan	✓		
		Laoac			
	La Union	San Fernando	✓	✓	1296
		Agoo		✓	511
		Sto. Tomas			
Tubao		✓	✓	469	
2	Isabela	Ilagan	✓	✓	1226
		Cauayan			
		Santiago	✓		
	Cagayan	Tuguegarao	✓		
3	Bulacan	San Jose Del Monte	✓	✓	555
		San Miguel	✓	✓	471
	Zambales	Iba	✓	✓	750
	Nueva Ecija	Cabanatuan	✓	✓	470
4	Cavite	Dasmariñas	✓		
	Rizal	Taytay	✓	✓	431
		Cainta	✓	✓	107
	Batangas	Batangas City	✓	✓	4130
	Quezon	Sariaya	✓	✓	209
	Laguna	San Pablo City	✓	✓	762
	Palawan	Puerto Princesa	✓	✓	2858
NCR		Navotas	✓	✓	470
		Taguig	✓	✓	
		Pateros	✓	✓	100
5	Albay	Legaspi City			
		Daraga	✓		
		Tabaco	✓		
	Camarines Sur	Naga City		✓	3525
	Catanduanes	Bagamanoc		✓	
		Baras	✓	✓	
		Bato		✓	
		Caramoran		✓	2390
		Gigmoto		✓	
		Pandan		✓	
		Panganiban		✓	
		San Andres	✓	✓	422
San Miguel		✓	✓		
Viga		✓			

Region	Province	LGU	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth	
				w/ MOA	# of Enrolled Households
		Virac		✓	
6	Negros Occidental	Bago City		✓	2602
		Silay City			
		Kabankalan	✓	✓	
		Sagay City	✓	✓	5945
		San Carlos	✓	✓	1217
		Calatrava			
		Escalante			
		Cadiz		✓	2081
		Talisay		✓	5665
		Valladolid			
		Isabela			
		La Carlota	✓	✓	
		Moises Padilla			
		Ilog			
		Candoni			
	Hinobaan	✓			
Capiz	Roxas City	✓	✓	309	
7	Cebu	Minglanilla	✓		
		Talisay	✓		
		Lapulapu	✓		
		Bogo	✓		
	Negros Oriental	Bayawan	✓	✓	
		Basay		✓	
	Sta. Catalina		✓		
8	Leyte	Ormoc City	✓	✓	709
	Western Samar	Calbayog City	✓		
	East Samar	Lawaan		✓	445
		Balangiga		✓	509
		Giporlos		✓	
	North Samar	Catarman		✓	373
		San Jose		✓	
		Mondragon		✓	409
	South Leyte	Maasin	✓	✓	223
		Padre Burgos		✓	291
		Pintuyan		✓	166
San Francisco			✓	86	
San Ricardo			✓	170	
9	Zambo del Norte	Dipolog City		✓	914
	Zambo del Sur	Pagadian City	✓		
10	Bukidnon	Valencia City	✓	✓	4107
		Malaybalay	✓		
	Misamis Occ.	Ozamis City			
CARAGA	Surigao del Norte	Surigao City	✓	✓	2056
	Surigao del Sur	Bislig	✓	✓	
		Digos	✓	✓	
		Malita	✓	✓	

Region	Province	LGU	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth			
				w/ MOA	# of Enrolled Households		
11	Davao Sur	Sta. Cruz	✓				
		Hagonoy					
		Padapa		✓			
		Sulop	✓	✓	1364		
		Matanao			0		
		Tagum	✓	✓	1603		
	Davao Norte	Island Garden of Samal			✓	3824	
		Talaingod			✓	1008	
		New Corella	✓		✓	1549	
		Panabo	✓		✓	1316	
		Asuncion	✓		✓	2540	
		B.E. Dujali			✓	88	
		Sto. Tomas	✓		✓	849	
		Carmen	✓		✓	1004	
		Kapalong	✓		✓	1549	
		Alabel			✓	674	
	Sarangani	Maitum		✓			
		Malapatan		✓			
		Glan					
		Kiamba		✓			
		Maasim		✓			
		Malungon					
		Compostela		✓		✓	
	Compostela Valley	Laak		✓			
		Mabini		✓		881	
		Maco					
		Maragusan		✓			
		Mawab		✓		✓	878
		Monkayo		✓		✓	
		Montevista		✓		✓	724
		Nabunturan		✓			0
		New Bataan		✓		✓	156
		Pantukan		✓		✓	
	South Cotabato	Koronadal				✓	
		Tampakan		✓		✓	932
		Surallah		✓			
		Norala				✓	782
		Lake Sebu				✓	213
		T'boli				✓	402
		Tupi				✓	700
		Polomolok		✓		✓	
Banga			✓		✓	291	
Tantangan			✓				
Sto. Niño					✓	1018	
Mati							

Region	Province	LGU	With at least one Sentrong Sigla-certified health facility	Enrollment in the Indigent Program of PhilHealth	
				w/ MOA	# of Enrolled Households
	Davao Oriental	Lupon			
		Banaybanay	✓		
		Gov. Generoso			
		San Isidro	✓		
	Independent City	Gen. Santos City		✓	1906
	Independent City	Davao City	✓	✓	9844
	12	Lanao del Norte	Magsaysay		✓
North Cotabato		Kidapawan	✓	✓	
Sultan Kudarat		Lebak			
		Esperanza	✓	✓	183
		Isulan	✓	✓	583
		Lambayong		✓	716
Total	41	145 LGUs	81	94 (67 Servicing)	87,764

Appendix B.

Center for Health Development and Provincial MGP Trainers and Training Conducted

Region	CHD Team	Provincial Team	Training Conducted
5	Dr. Zenaida Rodolfo, MS IV Ms. Divine Dawal, Nurse V Ms. Dolores Badong, Nurse V Ms. Aida Dizon, Nurse III Ms. Maribel Cruz, Pharmacist IV Ms. Suenia Loria, Statistician III Ms. Roselyn Bernardina, Statistician II Ms. Thereza Llaneta, Statistician I Ms. Aida Torrente, DOH Rep	Catanduanes: Dr. Rico Lareza, PHO I Ms. Delia Soriao, Nurse IV Ms. Salvacion Romero, Midwife II Ms. Wilma Belen, ND II Leo Gapaz, Engr. III	MGP-TAP Phase I 2 nd batch of LGUs in Catanduanes (5 LGUs)
6		Negros Occidental: Dr. Jessica Pama, M.O. V Ms. Anne Basa, Nurse II Ms. Alice Matti, ND II Ms. Rosma Amar, Nurse II Ms. Lorna Garde, Nurse III Ms. Lily Verdadero, Midwife II Ms. Celia Fuentabaja, Nurse II	MGP-TAP Phase I 2 nd Batch of LGUs in Negros Occidental (6 LGUs)
7	Dr. Rosario Benabaye, OIC-CHD Dr. Lakshmi Legaspi, OIC-LHAD Ms. Lita Lumibaw, HEPO III Dr. Thelma Fernandez, MS II Ms. Lucina Esguerra, Nurse V Ms. Ofelia Dotillos, Nurse V Mr. Pedro Robledo, Nurse IV	Negros Oriental: Dr. Filemon Flores, PHO II Dr. Bernarda Cortes, OIC-FS Mrs. Chita Labe, Nurse IV Mrs. Flordeliza Dublas, Nurse IV	
8	Dr. Milagros Bacus – CHD Director IV Dr. Laarni Dacuno Dr. Benedicto Garcia Dr. Exuperina Sabalberino Ms. Emily Buot		MGP-TAP Phase I Eastern Samar (3 LGUs) Northern Samar (3 LGUs) Southern Leyte (11 LGUs) Assisted CHD 5 in training the 1 st batch of LGUs (6) in Catanduanes
11	Ms. Nelia Gumela, Nurse IV Ms. Evelyn Hauac, Nurse V Ms. Corazon Mendez, Nurse V Mr. Antonio Genabe, Nurse I Ms. Lorena Orilla, Statistician Dr. Mary Joan Bersabe, MS IV Dr. Paulo Pantojan, MS IV Dr. Anabelle Yumang Mr. Jonathan Placido, SHPO Dr. Renee Faldas, MD II Ms. Elizabeth Baba, Statistician	Davao Norte: German Brion, Statistician Jose Suaybaguio, Engr. III Marilyn Castro, HEPO II Lorena Golea, Nurse II South Cotabato: Arnold Giseran, DOH Rep Felipe Mariveles, HEPO Louella Estember, MS III Heidi Florentin, PHN	MGP-TAP Phase I Davao Sur (6 LGUs) Davao Oriental (5 LGUs) including CHD 8 trainers Saranggani (4 LGUs) and General Santos City Assisted CHD 8 in training 11 LGUs in

	Ms. Lourdes Sevilla, Nurse IV	Anastacia Teves, ND II Elmer Supremo, Engr. II Ms. Elena Arciaga, Comp. Prog. Davao Sur: Grace Albano, ND II Mr. Arturo Heramiz, Statistician Sergio Aguilar, RSI Saranggani: Ms. Ligaya Paham, Nurse IV Ms. Tessie Castillo, Midwife IV Ms. Edna Bastarche, ND III	Eastern Samar (3), Northern Samar (3) and Southern Leyte (5)
12	Dr. Fatima Emban, MS II Ms. Zayda Jalandoni, EPI Coord. Ms. Teresita Tenebro, Nutrition Coord. Ms. Lydia Recinto, Nurse V Ms. Leonila Romasanta, Planning Office II Ms. Geraldine Arendain, DOH Rep Dr. Jebbie Biron, DOH Rep Ms. Tita Uson, DOH Rep Dr. Anna Alo, Dentist III	Sultan Kudarat: Ms. Bernadina Merin, Nurse III Ms. Lily Derecho, FP/RH Coord. Ms. Phoebe Razon, Nurse III Ms. Elsie Ramoran, Nutritionist Ms. Susan Lancita, Nurse V Dr. Timoteo Molleno, PHO II	

Appendix C.

Percentage Distributions of Certified Facilities

PERCENTAGE DISTRIBUTION OF CERTIFIED RURAL HEALTH UNITS (RHU)						
Unofficial as of October 2001						
REGION	TOTAL RHU	CERTIFIED RHU (1999)	CERTIFIED RHU (2000)	CERTIFIED RHU (2001)	TOTAL RHU CERTIFIED	PERCENTAGE
1	147	18	41	35	94	63.95
2	98	18	11	1	30	30.61
3	252	58	47	15	120	47.62
4	292	92	65	30	187	64.04
5	129	31	20	8	59	45.74
6	144	31	12	9	52	36.11
7	222	22	27	28	77	34.68
8	159	16	32	1	49	30.82
9	102	30	5	5	40	39.22
10	80	21	13	12	46	57.50
11	94	3	43	5	51	54.26
12	54	11	1	2	14	25.93
CARAGA	80	12	24	0	36	45.00
NCR	366	51	92		143	39.07
CAR	96	29	18	0	47	48.96
ARMM	90	3	1	0	4	4.44
TOTAL	2,405	446	452	151	1,049	43.62

PERCENTAGE DISTRIBUTION OF CERTIFIED PUBLIC HOSPITALS						
Unofficial as of October 2001						
REGION	TOTAL HOSPITAL	CERTIFIED HOSPITAL (1999)	CERTIFIED HOSPITAL (2000)	CERTIFIED HOSPITAL (2001)	TOTAL HOSPITAL CERTIFIED	PERCENTAGE
1	36	0	4	7	11	30.56
2	38	3	2	0	5	13.16
3	47	10	5	0	15	31.91
4	97	4	11	5	20	20.62
5	47	0	4	2	6	12.77
6	56	2	1	1	4	7.14
7	51	0	5	2	7	13.73
8	48	0	3	1	4	8.33
9	28	0	0	0	0	0.00
10	22	1	0	2	3	13.64
11	33	0	0	2	2	6.06
12	18	1	1	0	2	11.11
CARAGA	33	0	2	0	2	6.06
NCR	43	0	0		0	0.00
CAR	32	1	1	0	2	6.25
ARMM	15	0	0	0	0	0.00
TOTAL	644	22	39	22	83	12.89

PERCENTAGE DISTRIBUTION OF CERTIFIED BHSs				
Unofficial as of October 2001				
REGION	TOTAL BHS	CERTIFIED BHS (2001)	TOTAL BHS CERTIFIED	PERCENTAGE
1	892	11	11	1.23
2	676	0	0	0.00
3	1,398	82	82	5.87
4	2,083	44	44	2.11
5	948	2	2	0.21
6	1,420	0	0	0.00
7	1,282	0	0	0.00
8	838	2	2	0.24
9	606	17	17	2.81
10	680	6	6	0.88
11	385	5	5	1.30
12	642	5	5	0.78
CARAGA	489	0	0	0.00
NCR	427		0	0.00
CAR	580	0	0	0.00
ARMM	210	0	0	0.00
TOTAL	13,556	174	174	1.28