

Policy Unit

TA Plan for PALARIS ILHZ of Pangasinan

(DRAFT)

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Proposed Technical Assistance for CSR of PALARIS ILHZ of Pangasinan

Background

The Local Enhancement and Development (LEAD) for Health Project is a USAID project that seeks to build and enhance partnerships for health primarily with local governments with the support of national government agencies concerned and the civil society. A major strategy that will be implemented by the LEAD project to support this undertaking is the Contraceptive Self-Reliance (CSR). It will support the attainment of the project's major goals which include increasing modern contraceptive use through meeting unmet demand, increasing the private sector provision of family planning services, improving the TB treatment success rate, and maintaining the low seroprevalance of HIV/AIDS among high risk groups. The main intent is to establish a sustainable CSR program at the national and LGU levels. Sustainable here means providing adequate funding for the procurement, distribution, and provision of modern contraceptives supplied by LGU health and population service providers, without relying on external donations.

At the national level, the LEAD project will support the DOH in the development of a contraceptive logistics plan through the TWG on CSR, which was mandated to perform the task. At the LGU level, the CSR strategy will be flexible and will primarily be based on local priorities and needs of their people as determined by the local chief executives (LCEs) and other local leaders.

In 2003, the USAID Policy Project provided technical assistance to the provincial government of Pangasinan to support the CSR initiative in eight (8) municipalities (Binmaley, Calasiao, Mapandan, Malasiqui, Mangaldan, Sta. Barbara, San Jacinto, San Fabian) and two (2) cities (San Carlos, Urdaneta). The provincial government created a TWG headed by the Provincial Health Officer and the Provincial Population Officer to serve as the counterpart for the TA team. Together with the TWG, the TA team succeeded in pursuing a CSR initiative that created committed stakeholders among LGU executives and program managers. Their ownership of the initiative became increasingly evident as the project progressed.

The technical assistance was designed to help the provincial government and the ten (10) LGUs develop operational plans for CSR using primary and secondary data on FP behavior and financing. The TA was also targeted to address unmet need for FP and to decrease abortion rates. These operational plans were developed within a CSR framework, discussed and refined through a series of multi-sectoral workshops and consultative meetings. Special meetings were held with the Provincial Governor whenever key findings and strategic decisions had to be made. To support the operational planning process, an operations manual was prepared to serve as a tool that would help the LGUs implement CSR beyond the initial scope of the Policy Project. The sections of the manual representing steps in the CSR initiative consist of the following: forecasting, resource mobilization, procurement and warehousing, distribution and service delivery,

collection and fund management, information and education campaign (advocacy), and monitoring and evaluation.

By building on the Pangasinan experience, the LEAD project can take advantage of the golden opportunity to advance the implementation of its proposed CSR strategy. At the same time, a technical assistance to the Province of Pangasinan will enable the 10 LGU sites to implement their respective CSR plans. It is in this context that this proposed TA plan for Pangasinan CSR is prepared.

TA Objectives

1. To assist the Province of Pangasinan and the 9 LGUs (Binmaley, Calasiao, Mapandan, Malasiqui, Mangaldan, Sta. Barbara, San Jacinto, San Fabian, and Urdaneta City) in implementing their CSR operational plans on family planning particularly in the following areas: client segmentation, user fees and financing program, drug procurement and distribution, FP advocacy, with emphasis on increasing the provision for unmet need; and
2. To identify and evaluate lessons learned from the Pangasinan CSR experience that can be shared with other LEAD LGUs.

TA Approach/Methodology

The LEAD Policy Unit, with assistance from the Center for Economic Policy Research (CEPR), a partner organization, will provide technical assistance to the Pangasinan CSR TWG and program managers in planning, implementing and monitoring the program activities. The provision of TA shall be guided by the following considerations:

- Structure the activity so that it is highly participative and problem- or opportunity-oriented, i.e. it is responsive to the problem and opportunities identified by the LGU officials and employees themselves
- Structure the activity so that it contains both experience and conceptual-theoretical-based learning and participants learn how to solve a particular problem and “learn to learn” at the same time;
- Structure the activity so that the TWG and program managers develop ownership of the CSR and commit to continue implementing it beyond the technical assistance phase.

In addition, the lessons learned from the Health Sector Reform Technical Assistance Program (HSRTAP) in Pangasinan should also be considered, *viz:*

1. For reforms to succeed, the approach should be consultative and participatory. The local culture as well as the sentiments of the local people should be considered. The provincial government and PhilHealth showed sensitivity in

dealing with the mayors and local health workers (e.g., drug procurement, social health insurance).

2. The motivations and the political will of the local governments to implement health sector reform are very crucial. Mayors and the local council are the final decision-makers for any reform that is implemented in their locality.

To develop the 2004 CSR plan for Pangasinan, various consultations were held with the Provincial Health Office as well as the Provincial Population Office. Two (2) major workshops were held in February and March 2004 where discussions and agreements provided guidance and direction in the formulation of the operations research cum technical assistance for the Province of Pangasinan and the nine (9) LGUs of the PALARIS Inter-Local Health Zones - Binmaley, Calasiao, Mapandan, Malasiqui, Mangaldan, Sta. Barbara, San Jacinto, San Fabian, and Urdaneta City. .

Possible Areas of Technical Assistance

At the end of 2003, the 9 LGUs in Pangasinan had produced their respective CSR operational and advocacy plans ready for implementation in 2004. The technical assistance for 2004 intends to assist these LGUs in implementing their operational and advocacy plans, particularly in the following areas, which were validated during the March 2004 workshop:

1. Client Classification: Client classification is the first step to market transformation. After a review and discussion of various client classification options, most of the municipalities have opted to include a one-page socio-economic classification survey in the revised CBFPMIS form. Technical assistance in this area will include training and guidance on survey administration and data processing.
2. Forecasting FP Commodity Requirements. The various methods of gathering data/information to calculate FP commodity requirements for the next 3-5 years as set in the FP program goals shall be explored. Technical assistance will be provided to assist the LGU make statistically valid projections for these requirements given the socio-eco demographic profile of its population.
3. Market Segmentation/Transformation. A market segmentation/transformation strategy is necessary to sustain the family planning program of the 9 LGUs. In market segmentation/transformation, those in most need of these services but cannot afford to pay for them will be assisted by LGUs. Those who can afford to pay will be steered to avail of these services and commodities from the private sector. Technical assistance will be provided in exploring the various mechanisms and targeting instruments/tools to implement market segmentation/transformation.
4. Mobilizing the Private Sector. Market segmentation/transformation cannot take place without mobilizing the private sector to “pull” FP clients who are willing and able to pay out of the public sector health care delivery system. Technical

assistance will act as catalyst for this “pull” strategy, working with the characteristics and capacities of the private sector and seeing to it that it plays a more active role in the FP market.

5. Contraceptive Procurement and Logistics. Based on the forecasted FP commodity requirements, the LGUs will be assisted to set up their procurement system for drugs, especially social marketing brands. Pooled bidding or procurement of contraceptives will be explored discussed and guidelines will be formulated with the help of technical assistance. Likewise, technical assistance will be provided to assist the LGUs come up with cost-effective logistics systems for their FP commodity requirements ensuring a reliable supply chain from source to end-user.
6. Distribution and Service Delivery. Market development efforts will be initiated to prepare the private sector to provide the services and commodities for the population who can afford to pay for these, while those who cannot are serviced by the public sector. The appropriate mix of service delivery will happen only if supported by the appropriate policies and structures both at the national and local levels.
7. Resource Mobilization and Management. The goal is to increase the availability of LGU financial resources for FP and other health services. However, the increase in the budgetary allocation for the health sector should not be at the expense of other sectors. This implies that LGUs should maximize the generation of revenues from local sources. Consistent with the market segmentation strategy, public health user fees based on ability to pay shall be imposed. On the other hand, incentives shall be given to private service providers. RHUs should be improved or upgraded to qualify for Sentrong-Sigla/ PhilHealth accreditation so that LGUs can avail of the capitation fee given by PhilHealth. LGUs shall also be encouraged to increase the PhilHealth enrollment of indigents. Technical assistance will be directed towards helping LGUs source funds out of their budget, user fees, and PhilHealth claims as well as manage them by evaluating revolving fund options at the LGU and/or facility level.
8. Advocacy. Advocacy work will focus on the various FP stakeholders, specially the LCEs and other local leaders institutionalize a sustainable budgetary allocation for FP, the non-poor FP clients (existing and prospective) to access the private providers and the MWRA to use modern contraceptive methods. The advocacy plans prepared by the LGUs will be reviewed and revised, if necessary. An implementation strategy shall be formulated and tested in interested LGUs.

Duration and Implementation Arrangement

The OR/TA plan shall be implemented in one year starting January 1, 2004 up to December 31, 2004.

While the implementation of this OR/TA plan for Pangasinan rests primarily with the Policy Unit, the technical staff of the LGU and FPHS Units shall be requested, from time

to time, to provide technical assistance within the context of this plan. However, the LEAD for Health Project shall source the bulk of the technical assistance provision from Center for Economic Policy Research (CEPR) because of its previous involvement in the 2003 Pangasinan CSR initiatives. CEPR, a partner organization, shall provide appropriate technical consultants and administrative support in the implementation the plan. The specific activities and level of effort (LOE) of the consultants and administrative staff shall be indicated in the scope of work (SOW) of CEPR.

Terminal Performance Benchmark

At the end of the plan (December 31, 2004), the following performance should have been accomplished:

1. Pangasinan and the 9 LGUs have already attained the following as indicated their revised CSR operations plan on family planning: improved forecasting methodology, fully developed market segmentation framework and strategy with the participation of the private sector, sustainable financing scheme, logistics and distribution system, and effective advocacy activities.
2. A technical report on lessons learned based on the experience of Pangasinan in the formulation and implementation of the CSR plan is completed;
3. Manual on how to formulate CSR plan is completed and ready for replication in the LEAD LGUs; and
4. Self-learning modules that would guide LEAD LGUs on the implementation of the CSR plan is completed.

ANNEX A

DOCUMENTATION NOTES

2004 CSR CONSULTATIVE WORKSHOP WITH PANGASINAN PHO/PPO

27 February 2004

Star Plaza Hotel

Dagupan City, Pangasinan

WORKSHOP OBJECTIVES

The first workshop hosted by the LEAD for Health project for the Pangasinan contraceptive self-reliance initiative was on the client segmentation strategy. Its objectives were to:

- Present LEAD project;
- Review status of work on province-led client classification;
- Discuss and agree on the key aspects of province-led client classification, specifically, selection of indicators and operational strategy; and
- To agree on next steps for PALARIS CSR operational planning for municipalities and cities (MLGUs/CLGUs)

AGREEMENTS

In summary, the following agreements were reached during the first workshop with Pangasinan's provincial health and population officials:

1. A consultative workshop with MHOs / MPOs / Provincial staff / PPH and UDH will be held on March 31-April 01, 2004 to finally settle the market segmentation approach and operational strategies for each LGU.
2. The proposed agenda for the consultative workshop will be as follows:
 - a. Present the modified CBFPMIS
 - b. Present the operational strategy for CBFPMIS
 - i. Identify actual target dates per MLGU / CLGU
 - c. Role clarification / refinements
 - i. PPO vis-a-vis PHO
 - ii. Provincial vis-a-vis MLGUs / CLGUs
 - iii. BSPOs / BHWs vis-à-vis midwife
3. CBFPMIS expansion strategies to the other LGUs
4. The Pangasinan provincial government will inform the health and population officers of the 10 CSR sites on the forthcoming workshop.
5. LEAD-MSH will take care of the arrangements.

WORKSHOP PROPER

Welcome Address

Ms. Luz N. Muego
Provincial Population Officer

Ms. Muego expressed gratitude to LEAD's team of consultants for hosting the event. Although, the TFG's policy project has ended, she hopes that the LEAD project would continue to support Pangasinan's contraceptive self-reliance initiative. She proudly noted that the effort to strengthen local contraceptive security is one of the few initiatives in the country directed primarily as a response to the on-going withdrawal of donor support for contraceptives.

Ms. Muego noted that several issues have surfaced in the course of laying the foundation for Pangasinan's CSR initiative. One contentious issue is the allocation of the LGUs limited resources. Thus, the need to identify the poor and the non-poor through client segmentation becomes imperative. The client segmentation, she stressed, is a basic activity that must be implemented by the Provincial government and the 10 advanced implementation sites.

Ms. Muego reported that in the planning workshops, held under the auspices of the Futures Group-Policy Project, representatives from the provincial offices and 10 initial CSR sites had decided to adopt a client segmentation strategy using the CBFPMIS. The plan was to select a few basic social and economic indicators to help FP program managers determine individual client capabilities to acquire family planning services and commodities. The selected indicators would then be incorporated in the current CBFPMIS.

The provincial government, according to Ms. Muego, has scheduled the implementation of the regular CBFPMIS around March 2004. At present, the CBFPMIS instrument is only limited to determining the family planning practices of married women of reproductive age (MWRA) in the all the municipalities and cities of Pangasinan. And it would certainly help if the socio-economic indicators could already be incorporated into the instrument by then.

Background on the LEAD for Health Project

Dean Maricon Alfiler
Manager – Policy Unit
LEAD for Health Project

In her presentation, Dean Alfiler explained that the Local Enhancement and Development for Health or LEAD for Health is a three-year project that seeks to assist local governments in the areas of Family Planning (FP), Maternal and Child Health (MCH), Tuberculosis (TB), and Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).

Local governments are faced with numerous challenges in managing local health services, among of which are how to reach more people in need of basic health services, how to improve the quality of these health services, and how to ensure that the delivery of these services is financially viable and sustainable.

According to Ms. Alfiler, the LEAD project has three broad strategies to assist interested LGUs. These are the following:

- Increase the coverage of high-quality health services of FP, MCH), TB, and HIV/AIDS.
- Strengthen the LGU management and health information systems; and
- Create local financing and policy environments to sustain these health services.

Although it is demand driven project, the LEAD project hopes to assist 530 LGUs nationwide over the next three years. These LGUs are estimated to cover:

- 40% of the total national population;
- 80% of barangays/LGUs; and
- majority of LGUs in Mindanao.

LGUs with high poverty incidence and low prevalence of women practicing modern family planning methods are eligible to request for assistance from the LEAD project.

Presentation of Pangasinan's Client Classification Efforts

Ms. Luz N. Muego
Provincial Population Officer

Ms. Muego briefly presented Pangasinan's modified CBFPMIS. The instrument contains 7 sections:

1. Demographic characteristics (occupation, education attainment)
2. Ten (10) socio-economic indicators
3. High Health Risk Condition
4. Current Use of FP
 - a. Currently pregnant
 - b. Non-pregnant
5. Ever Use FP
6. Intention to Use FP
7. Willingness to Pay

Presentation of the Various Client Segmentation tools

Ms. Odilyn De Guzman and Ms. Vida Gomez
Center for Economic Policy Research (CEPR) Staff

To help Pangasinan in its review and selection of socio-economic indicators to distinguish the poor from the non-poor clients, the CEPR prepared a summary of the different client classification tools employed or currently in the pilot-testing phase.

Ms. Gomez presented the community-based information system developed by Dr. Alejandro Herrin for DOH's World Bank-funded Health Sector Reform Project (HSRP). The tool is comprised of five sections:

- Section A: Household Identification
- Section B: Family Structure/Data
- Section C: Food Security
- Section D: Dwelling-Related Indicators
- Section E: Other Asset-Based Indicators

The main socio-economic indicators to be utilized in classifying the individual clients are contained in sections C-E. Food security probes into the client's luxury and basic food intake within a specific time period. It also examines the stock level of basic staples such as rice and corn. Section D evaluates the material construction of the client's abode and the sources and presence of basic utilities, such as drinking water, cooking fuel, electricity, and toilet facilities. Finally, Section E is an attempt to identify the other household assets of respondent.

Ms. De Guzman presented four methods for segmenting the market:

1. Market and Opinion Research Society (MORES)
2. Herrin's HSRP method
3. PhilHealth's Family Data Survey Form
4. Pangasinan's CBFPMIS form with socio-economic indicators

She then compared the four methods based on the list of indicators employed by each approach.

In planning for the client segmentation approach, Ms. De Guzman advised the workshop participants to determine first the kind of analysis it intends to generate from the survey. She noted that the socio-economic status of the clients could eventually be classified into:

1. Poor-Non-Poor (Based on NSCB poverty threshold)
2. ABCDE categories
 - a. A-B-C-D-E
 - b. AB-CD2-D1E
 - c. AB-C1-C2-D-E

Ms. De Guzman also reminded the workshop participants that from the point of view of survey research practitioners, SEC indicators must satisfy the following criteria:

1. For indicators that will be obtained from survey respondents, the indicator must be something respondents:
 - a. Will find easy to answer or easy for interviewers to observe;
 - b. Can objectively answer without feeling embarrassed or apprehensive, or for interviewers to objectively observe without being subjective;
 - c. Can answer truthfully;
 - d. Can answer without resorting to guessing;
 - e. Will answer or for interviewers to observe that can later be verified;
 - f. Won't feel as 'pakikialam' (interfering);
 - g. Won't think as 'mabusisi' (tedious);
2. It must be able to clearly discriminate among the four or five socio-economic classes
3. The SEC indicator's differentiation among the socio-economic classes must be temporally stable.

Discussions and Agreements on the Indicators

Ms. Lyn Almario
CEPR

The Pangasinan CBFPMIS was reviewed and compared with the indicators appearing in the other client segmentation methods. After agreeing on the socio-economic variables to be utilized in the CBFPMIS, the contents of the other sections were then reviewed. It was determined that a number of items need to be modified to ensure clarity and consistency. The following are the proposed revisions to the CBFPMIS questionnaire:

1. The choices in the flooring material (Cell A13) were revised. This combines the choices in the old questionnaire and in the questionnaire of Dr. Alejandro Herrin.
2. Amenorrheic will no longer be lumped with pregnant women. Therefore the question "Are you currently pregnant/amenorrheic" was change to "Are you pregnant?" The rationale is an amenorrheic woman is actually in the category of non-pregnant women than pregnant women.
3. Response to the question on when the respondent would like to have another child was changed from "soon or later" to the more specific "in two years or in more than two years".
4. Question regarding opinion on free contraceptives revised such that it will stimulate the respondent to look at contraceptives as an individual's responsibility. This is a precursor to questions on the respondent's willingness to pay.
5. Each question was numbered for easy reference in encoding.

Review and Revisions to the CBFPMIS Implementation Strategy
Ms. Loida Episcopo and Mr. Ariel Canaveral

Ms. Episcopo and Mr. Canaveral facilitated the discussions on the process for implementing the client classification system. Using the first draft of the process flow, workshop participants reviewed the activities, responsible units, resources needed, time frame, and desired outputs. They also identified the operational areas wherein technical assistance would be needed. The following table illustrates the procedures for the CBFPMIS client classification system. The italicized entries were the additions or revisions to the proposed process flow.

PROPOSED PROCESS FLOW FOR THE CLIENT CLASSIFICATION SYSTEM

PREPARATION OF CBFPMIS TOOL					
ACTIVITY	RESPONSIBLE PERSON / UNIT	RESOURCES NEEDED	TIME FRAME	DESIRED OUTPUT	TA REQUIREMENT
Review and modify CBFPMIS survey instruments (if necessary).	PHO/PPO-CSR team PHO	(Old) CBFPMIS tool			
<i>Finalize list of BHWs who will be involved in the survey*</i>					
Conduct consultative meetings with LGUs	PPO/PHO staff	Modified CBFPMIS tool	March 31- Apr 1*		LEAD*
<i>Orient midwives and barangay Officials on the CSR*</i>	PHO/PPO	Modified CBFPMIS tool			LEAD*
<i>Translate instrument into Pilipino*</i>					LEAD*
<i>Prepare province-wide sampling design*</i>					
<i>Prepare interview manual*</i>	PPO-CSR team				
Reproduce copies for pre-testing					
Orient pre-test enumerators	PPO-CSR team	Modified CBFPMIS tool	April*		
Conduct pre-test of modified CBFPMIS instrument	PPO-CSR team / SELECTED MPOs	Modified CBFPMIS tool			
Document pre-test experience	PPO-CSR team / SELECTED MPOs				

PREPARATION OF CBFPMIS TOOL

ACTIVITY	RESPONSIBLE PERSON / UNIT	RESOURCES NEEDED	TIME FRAME	DESIRED OUTPUT	TA REQUIREMENT
Modify CBFPMIS tool, if necessary	PPO-CSR team				
Reproduce CBFPMIS survey instruments for all municipalities/cities	PHO/PPO CSR team				
Coordinate with MPOs/MHOs on CBFPMIS reorientation training of BSPOs/BHWs	PHO/PPO CSR team				
Inform barangay captains on the conduct of the survey.	MHO/MPO staff				
Prepare training design (includes program of activities, identification of participants, date and venue, resource speakers, hand-outs and materials).	PPO/MHO/MPO staff				
Inform/invite participants to attend training	MHO/MPO staff				
Prepare training materials.	PPO/MHO/MPO staff				
Conduct CBFPMIS reorientation training to <i>Service Providers and BSPOs/BHWs</i> *	PPO/MHO/MPO staff	Training materials and New CBFPMIS tool			

*May 2004
(after
election)**

*May 2004**

*May 2004**

PREPARATION OF CBFPMIS TOOL

ACTIVITY	RESPONSIBLE PERSON / UNIT	RESOURCES NEEDED	TIME FRAME	DESIRED OUTPUT	TA REQUIREMENT
Provide TA in developing municipal survey plans (area of assignments, other operation arrangements).	DPO/MPO staff	Municipal / barangay maps; list of BSPOs (and BHWs)			
Send LGUs the reproduced survey instruments/forms.	PHO/PPO CSR team	New CBFPMIS tool			
Oversight conduct of CBFPMIS survey.	PHO/PPO CSR team				

ACTUAL CONDUCT OF CBFP MIS SURVEY

ACTIVITY	RESPONSIBLE PERSON / UNIT	RESOURCES NEEDED	TIME FRAME	DESIRED OUTPUT	TA REQUIREMENT
Conduct survey	BSPOs / SELECTED BHWs	New CBFP MIS tool And supplies	<i>Mid-May 2004*</i>		
Collection of survey results <i>per municipality*</i>	DPOs				
<i>*Encoding and Consolidation province-wide survey results</i>	PPO MIS	Computer(s); software program			

DATA PROCESSING

ACTIVITY	RESPONSIBLE PERSON / UNIT	RESOURCES NEEDED	TIME FRAME	DESIRED OUTPUT	TA REQUIREMENT
Develop software program for analysis of survey results	PPO		<i>June 2004*</i>		
Coordinate briefing of CBFP MIS data encoders:	PHO/PPO staff		<i>June 2004*</i>		
Prepare briefing design (includes identification of participants, date and venue, resource speakers, hand-outs and materials).	PHO/PPO/MH O/MPO staff		<i>June 2004*</i>		
Organize Provincial data encoders*	PPO/PHO		<i>June 2004*</i>		
Inform/invite Provincial data encoders to attend briefing.	PPO/PHO		<i>August 2004*</i>		

DATA PROCESSING

ACTIVITY	RESPONSIBLE PERSON / UNIT	RESOURCES NEEDED	TIME FRAME	DESIRED OUTPUT	TA REQUIREMENT
Prepare briefing materials.	PHO/PPO staff				
Conduct briefing of CBFPMIS data encoders.	PHO/PPO/ staff /MHO/MPO staff				
Collect encoded data from all LGUs for further data processing and analysis.	PHO/PPO staff	Computer(s); software program for higher level of analysis and client classification			Computer(s); software program for higher level of analysis and client classification
Generate data required to calculate commodity requirements from the consolidated municipal CBFPMIS: total CPR, CPR by method, method mix, % FP users getting supply from public/private sector, % poor/non-poor, % FP unmet need, FP intend to use by method.	PHO/PPO staff	Computer(s); software program for higher level of analysis and client classification	<i>July - August 2004*</i>	Commodity Requirement and client classification	Computer(s); software program for higher level of analysis and client classification

Closing Remarks
Dr. Nemesia Mejia
Provincial Health Officer

Dr Mejia thanked the participants and the facilitators for a productive workshop. She expressed hope that the client classification system, using the CBFPMIS, will finally be implemented as a number of municipalities have already purchased FP commodities for their poor constituents. She also expects the consultative workshop scheduled for 31 March – 01 April 2004 to be fruitful considering that program implementers (MHOs and MPOs) will be around to validate and support the findings and recommendations born out of this first LEAD-sponsored workshop.

ANNEX B

DOCUMENTATION NOTES

PANGASINAN CSR PROJECT: WORKSHOP ON CLIENT SEGMENTATION

31 March-1 April 2004

Fontana Resort, Clark Field, Pampanga

WORKSHOP OBJECTIVES

The second client segmentation workshop had four objectives, namely:

- To orient MLGU health and population officials on the LEAD project
- To review Pangasinan CSR Initiative of 2003 using SWOT framework
- To discuss market transformation and client classification frameworks
- Based on the workshop discussions and agreements, to revise CSR operational plans, including resource requirements, respective roles, and milestones and targets

AGREEMENTS

1. CDLMIS to be reviewed and revised by JSI/DELIVER to make it more responsive to CSR-specific issues.
2. Through the MSH/LEAD technical assistance to the CSR Project, Dr. Alex Herrin will work on the client classification tool for the Province of Pangasinan. A workshop on this client classification tool will be conducted for the same group on April 20-21, 2004, to be held in Clark or Subic. During this workshop Dr. Herrin will present his methodology for the one-page socio-economic classification survey for inclusion to the revised CBFPMIS form.
3. Municipalities to conduct socio-economic classification include: Binmaley, Calasiao, Mangaldan, San Fabian, Mapandan, and San Jacinto. The MHOs/MPOs of these municipalities agreed to take charge of the expenses for the conduct of the one-page socio-economic classification survey. They will be responsible for the data gathering, encoding, processing, analysis and income classification of FP clients. Although they basically have ownership of the data, they agreed to share their results to the provincial govt.
4. The Municipality of Malasiqui, with 74 barangays, will implement the one-page socio-economic classification survey in some barangays and will adopt the PhilHealth family data form for other barangays. Dr. Mario de Guzman has agreed to provide assistance to Malasiqui in reproducing the one-page socio-economic classification survey form.
5. For the City of Urdaneta, the socio-economic classification survey form will not yet be implemented due to budget constraints.
6. MHOs/MPOs to revise their municipal CSR plans to include private sector strategies.
7. For the ten CSR sites, the PPO will only implement the revised CBFPMIS form, while in other municipalities two CBFPMIS efforts will be implemented: (1) using the old CBFPMIS form, targeted for the first quarter of 2003 and (2) using the revised CBFPMIS form, which provides more indicators to measure various types of unmet need.

8. MSH/LEAD assistance, consisting of technical assistance on forecasting, logistics, procurement, fund management, mobilizing the private sector, data processing and geographic information systems (GIS), identified by PHO and PPO staff to be presented to the senior staff meeting of MSH.
9. PPO assistance, consisting of technical assistance on training, data encoding, processing, and reproduction of the revised CBFPMIS form, identified by MHOs/MPOs already incorporated in PPO plans.
10. MHOs/MPOs have agreed to provide PPO identified assistance, consisting of municipal inputs to the refinement of provincial schemes and technical assistance in providing advocacy skills on CSR.

WORKSHOP PROPER

DAY 1

Welcome Address

Dr. Fely Y. Mejia
Provincial Health Officer

Dr. Mejia welcomed the participants to the second workshop conducted by the MSH/LEAD project for the Pangasinan CSR Project. She noted that for the MHOs/MPOs, this workshop would be their first encounter with the MSH/LEAD team. In this light, she enjoined the group to demonstrate their advanced workshop skills to the MSH/LEAD team, citing how the group has impressed other workshop organizers. With this she expressed her hope that at the end of the workshop, the group would have left the MSH/LEAD team a good impression.

Introduction of Participants

Dr. Opal Rivera, MHO, Mangaldan
Ariel Canaveral

Dr. Opal Rivera introduced each of the 38 participants from Pangasinan. Next, Mr. Canaveral introduced the organizing committee composed of the MSH-LEAD, CEPR, and JSI/DELIVER.

Presentation on the LEAD for Health Project
William Goldman
Chief of Party
LEAD for Health Project

Mr. William Goldman, Chief of Party of the MSH-LEAD Project presented a background on the LEAD Project. He presented the coverage, components, strategies, and approaches of the LEAD for Health project. He explained that the project’s main clients are the LGUs. In close collaboration with the DOH, PhilHealth, and the various associations of local chief executives, LEAD intends to provide technical assistance to LGUs. The proposed assistance is directed towards improving local capabilities to manage and provide for, among others, FP and TB services. Mr. Goldman noted in particular Pangasinan’s pioneering efforts in the area of contraceptive self-reliance. The LEAD project intends to continue helping the province, particularly the 10 advanced implementation sites. The project technical assistance and operations research plan will encompass the full range of activities from client segmentation, forecasting, resource mobilization to public-private sector partnerships, IEC, procurement, and monitoring and evaluation.

Finally, Mr. Goldman expressed confidence that the client segmentation workshop would be fruitful. He also reminded the participants to be realistic in selecting their respective client classification strategies.

Workshop Process: SWOT Analysis of CSR 2003
Belinda P. Alano and Ariel Canaveral

The team of Ms. Alano and Mr. Canaveral facilitated the SWOT analysis of the CSR project. Workshop participants were asked to identify strengths, weaknesses, opportunities, and threats of the CSR project at the provincial and municipal levels. A summary of the SWOTs identified are presented in the succeeding table.

	Strengths	Weaknesses	Opportunities	Threats
<i>Province</i>				
	Good relationship between PHO and PPO	Need for capability-building: * for new hirees and higher level training for management staff (FP and management training) * forecasting and targeting	Presence of existing FP services in some private sector	Inadequate/ no DOH support (No clear view of DOH support for CSR project)

Strengths		Weaknesses	Opportunities	Threats
	Pooled Procurement Program in place	Budgetary constraints	LEAD technical assistance	Political and program leadership sustainability: * Fast turn-over of LCEs/3-year term of elected officials too short for reform * Political ambivalence * PHO retiring in Sept 2004
	Supportive LCE and Sangguniang Panglungsod	Distribution system still uses present CDLMIS of DOH which is not responsive to CSR needs	Supportive MHOs and MPOs/members of Local Finance Committee/Local Sanggunians	Advertisements of high-paying jobs
	Presence of data bank (CBFPMIS and socio-economic profile)	Limited IEC materials on CSR	Presence of community-based volunteers and women's organizations	Problems on ensuring long-term commitment of volunteers
	Availability of (limited) financial resources	Program sustainability (in terms of cost, budgetary requirement, LCE support)	Potential participation of private sector	Non-participation of private sector
	Trained and capable provincial staff (particularly PPO and PHO staff)	Outdated MIS could hinder data encoding, processing, and analysis; inadequate training on GIS;	Potential participation of people's organizations	Private service providers untrained on FP
	High-level commitment to program implementation of PHO and PPO; Good relationship between PHO & PPO	Non-functional Health Board	PhilHealth as alternative financing source	
	Intensive well-placed advocacy measures			
Municipality				

	Strengths	Weaknesses	Opportunities	Threats
	LGU support through approval of budget allocation and capability building/ staff development despite of absence of FP budget	Budgetary constraints	Technical assistance provided by LEAD-MSH	Inadequate/ no DOH support (No clear view of DOH support for CSR project)
	Committed program managers and service providers (BSPOs)	Fast turnover of staff and service providers (due to migration)	Supportive PHO and PPO	Change of LCE level of support/ Political transitions
	Functional ILHZ creates collaboration and cooperation among LGUs	Lack of training of program implementors (refresher course on FP, and basic FP for new hires)	NGO and private sector involvement	New procurement policy by BAC
	Functional Health Board	Inadequate manpower to do the IEC and survey	High level of awareness of client regarding CSR	GMA administration's focus on NFP
			Committed BHWs	
			Church-gov't partnership on NFP	
			Functional ILHZ provides a binding element that motivates LGUs	

Lunch Break

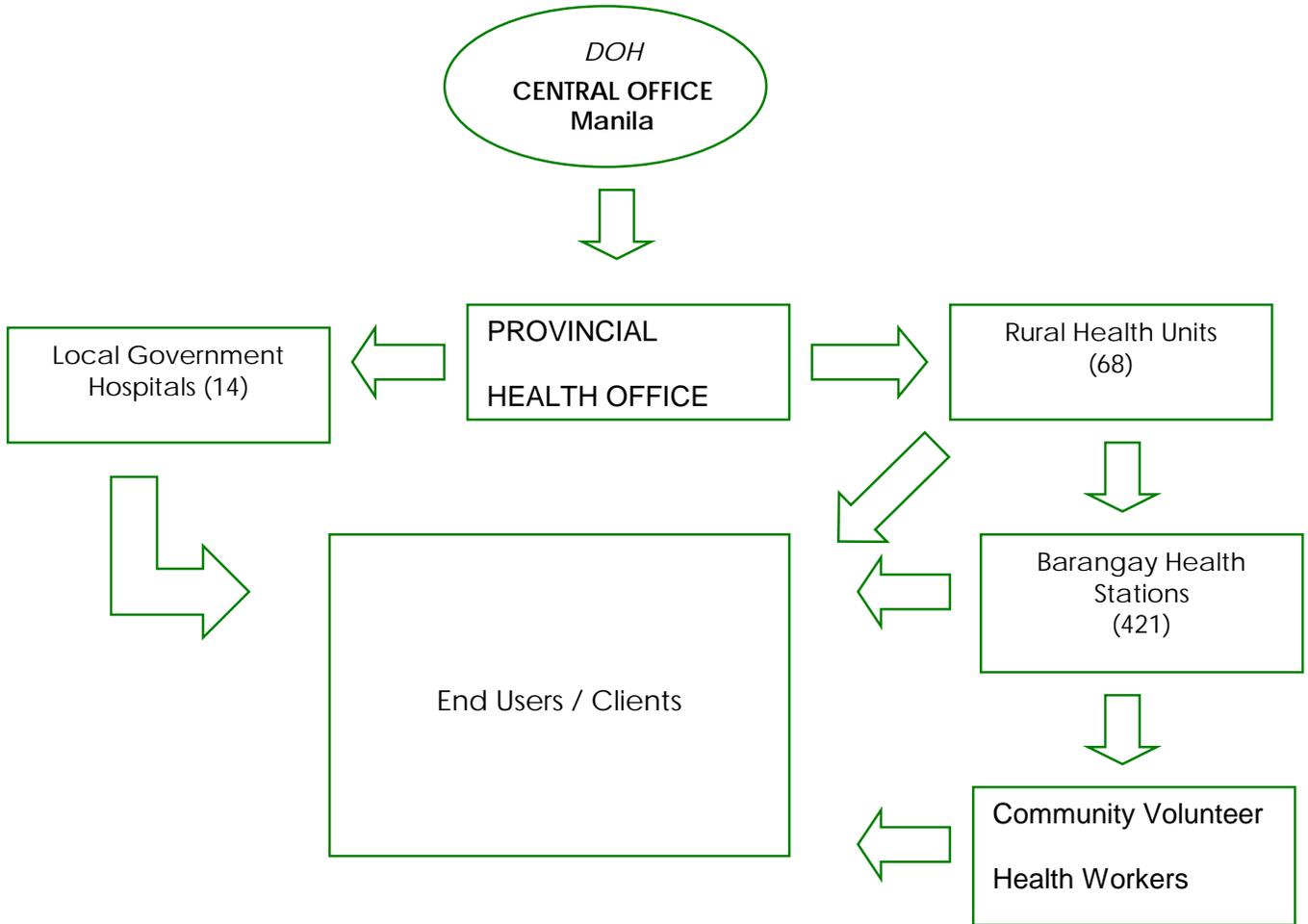
Status of FP Commodities at the Municipality and Provincial Levels

Aurora Doria

Provincial Health Office

Ms. Doria gave an overview of the Contraceptive Delivery and Logistic Management Information System (CDLMIS) flow. Starting with the delivery system, Ms. Doria described the contraceptive distribution process. Emanating from the DOH central office in Manila, the FP commodities are delivered to the provincial health office. Pangasinan has contraceptive delivery teams that handle the distribution of the commodities to 14 local government hospitals, and 68 rural health units. The RHUs, on the other hand, are responsible for supplying the 421 barangay health stations (BHS). Community volunteer health workers obtain their supplies from the BHS.

CDLMIS Contraceptive Distribution Process



The logistics management information system, meanwhile, starts with the consumption reports, which are accomplished by the volunteer health workers, public health facilities, and NGO FP clinics. These forms are submitted to the provincial health and population offices, which in turn provide a copy to both the DOH central and regional offices.

CDLMIS Consumption Tracking



Ms. Doria also presented the status of FP commodities by municipality and at the provincial warehouse for the first quarter of 2004.

Status of Commodities: Provincial Warehouse

	As of Jan 12, 2004				As of March 15, 2004			
	Pills	Condom	IUD	DMPA	Pills	Condom	IUD	DMPA
Balance	216000	9300	587	21106	64500	0	255	5430
Ave. Monthly usage	20533	7400	64	3801	37300	1267	104	5008
Months of supply	11	1	9	6	2	0	2	1
FP Users	142128							
Non-poor	49745							
Poor	92383							

During the discussions, it was noted that there were significant increases in the consumption of pills from January to March 2004. The provincial staff cited two reasons for the high consumptions: adjustments in the stock level at the RHUs due to the irregular deliveries of DOH and shifts in methods used. Ms. Muego added that the DOH owes the provincial government at least a year's quarter of FP supplies, such that when fresh stocks come in these are used to replenish and update the stock levels at the RHUs and BHS. The provincial

personnel also clarified that the number of FP users indicated in the table came from a different study and does not directly correlate to the monthly consumption levels.

Individual Targeting Cost Analysis

Luz N. Muego

Provincial Population Officer

Ms. Luz Muego presented to the group a cost analysis of conducting the CBFPMIS incorporating the SEC indicators identified in the last workshop.

Based on PPO estimates for the 10 CSR sites, the cost would amount to 1.16 million pesos, whereas the allocated budget is just 374 thousand pesos.

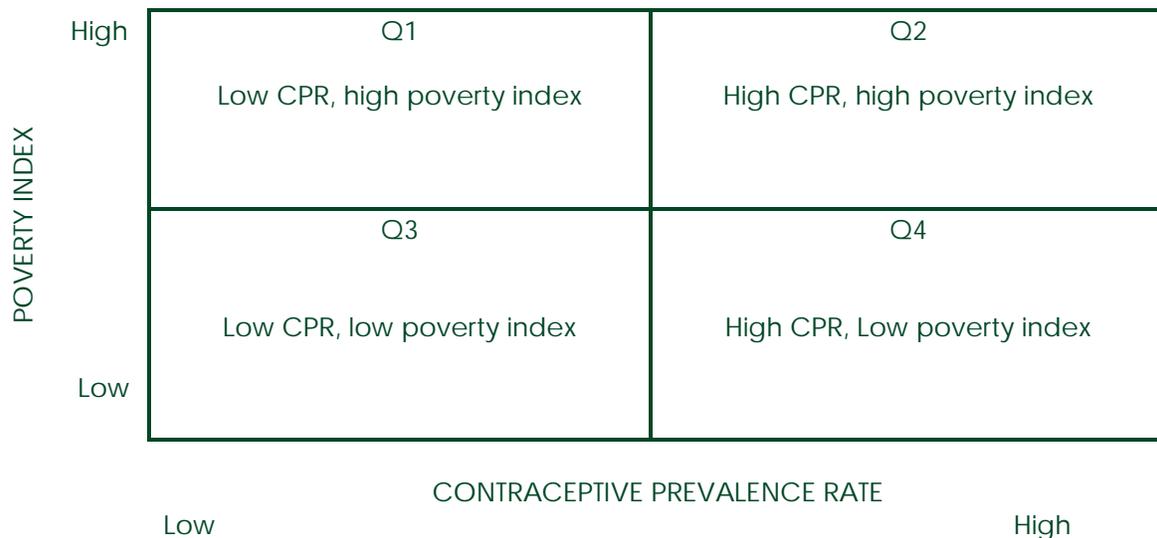
At the provincial level, the total estimated cost of conducting the survey is 5.4 million (P116,490 x 47 LGUs), whereas the total cost of commodities required for 2004 amount to P873,917 only.

Ms. Muego wrapped her presentation by asking the group to ponder on the results of their cost analysis.

Dr. Alex Herrin shared with the group his notes on the cost analysis presented. He pointed out that such targeting efforts could actually be needed by other (LGU) programs. If such is the case, the CSR project might be able to co-share the survey cost with other programs. In the end, the survey cost might even be wholly shouldered by other programs and may eventually be conducted at zero cost to the project. Another point he raised is that the targeting survey need not be conducted annually; instead the survey could be conducted every three or five years.

Segmenting the Market for FP Services and Products
Verne Quiazon
MSH/LEAD

Mr. Quiazon’s shared with the group an alternative approach at analyzing the local FP market. The interplay of two important market characteristics—modern family planning practices (contraceptive prevalence rate) and poverty index—were grouped into four quadrants.



According to Mr. Quiazon, the market characteristics in a locality may be assessed and classified according to the quadrants. He also shared a proposed set of responses for each quadrant:

Q1: The key word for this quadrant is **Prioritize**. Government should prioritize this market in its FP service provision. It should also employ a “push” strategy to promote FP practices. The recommended targeting approach for this quadrant is house-to-house targeting.

Q2: The key word for this quadrant is **Optimize**. Government should continue to provide FP services but the private sector may be drawn in to help in the service provision. The recommended targeting approach for this quadrant is characteristic targeting.

Q3: The key word for this quadrant is **Privatize**. Since majority of the population can pay for the FP services, the private sector can be enticed to provide FP services. The recommended targeting approach for this quadrant is characteristic targeting.

Q4: The key word for this quadrant is **Minimize**. The government can lessen its role in this type of a market and allow the private sector to provide service to the majority of the clients. The recommended targeting approach for this quadrant is self-targeting.

In closing, Mr. Quiazon emphasized the need to treat clients differently. It may not be feasible, he added, to have uniform client classification strategy for the whole market. These quadrants would allow the LGUs to focus its efforts on the appropriate market segments. For example, Q1 and Q2 are CSR quadrants and would need continuous support from the

government. Q3 and Q4 are non-poor quadrants and may better be served by the private sector.

Client Classification and Targeting

Emelina S. Almario

Center for Economic Policy Research

Ms. Almario presented a short background on the four client segmentation approaches available to the province, namely geographical, characteristic, self-targeting, and means testing. In reviewing their respective operational plans, Ms. Almario suggested that the four types of targeting strategies be considered. The following table presented by Ms. Almario summarizes the strengths and limitations of the methods.

Type	Example	Pros	Cons
Individual or means testing	CBFPMIS PhilHealth	Rigor	Cost / income measurement
Geographical	Upland Communities	"Wholesale"	Poverty map
Characteristic	Ethnic Minorities	Simple	"Leakage"
Self-Targeting	"Inferior" products	No leakage Least cost	Political / Ethical issues

According to Ms. Almario it is important for the province and the municipalities to carefully evaluate each type before adopting a particular approach. The LGUs can use the following as guide:

- Administratively easy to implement?
- Politically acceptable?
- Absorptive capacity?
- Financial requirements achievable?
- Client-friendly?
- Provider-friendly?

Workshop Process: Issues and Strategy Generation

Ariel Canaveral

Facilitator

To surface issues and strategies for client segmentation, Mr. Canaveral presented to the group a template adopted from Mr. Quaizon's presentation on market segmentation. Basically, the template will identify to which quadrant a municipality would belong to, in terms of its CPR and poverty index levels.

It was also noted that different quadrants would have different market positioning and targeting strategies, as presented below:

	Quadrant 1	Quadrant 2	Quadrant 3	Quadrant 4
Market Positioning Strategies	Prioritize	Optimize	Privatize	Minimize
Targeting Strategies	Individual Targeting	Characteristic Targeting	Characteristic Targeting	Self-targeting

The PPO prepared information on the two indicators for the 10 CSR sites. The source of data for CPR was the 2002 CBFPMIS, while poverty index was measured in terms of internal revenue allotment (IRA). The PPO identified 52% CPR as the cutoff point for determining whether the site has low or high CPR, while ___IRA level was the selected cut-off point for determining poverty index.

Based on these data and cut-off points the CSR sites were classified as follows:

LGUs	CPR	Poverty Index	Quadrant 1	Quadrant 2	Quadrant 3	Quadrant 4
Binmaley	high	Low				X
Calasiao	high	Low				X
Malasiqui*	low	Low			X	
Mangaldan	high	Low				X
Mapandan	high	High		X		
San Fabian	high	Low				X
San Jacinto	high	High		X		
Sta. Barbara	low	Low			X	
Urdaneta City	low	Low			X	

* Data available for 34 of 74 barangays only

The other workshop exercise set out to answer two basic questions: (1) what client segmentation approach will your LGU adapt? and (2) What would be the role of the private sector in your LGU? To guide the LGUs in selecting their client segmentation approach, a template from the presentation by Ms. Almario on client segmentation was utilized. This template included six sets of criteria by which to screen the client segmentation approach.

The results of this process are shown below:

	Quadrant 1	Quadrant 2	Quadrant 3	Quadrant 4
Client segmentation approach		<ul style="list-style-type: none"> • Characteristic targeting • Individual means testing 	<ul style="list-style-type: none"> • Individual means-testing • Characteristic targeting • Self-targeting 	<ul style="list-style-type: none"> • Self-targeting
Role of the private sector		<ul style="list-style-type: none"> • Private sector to provide FP • Referral system 	<ul style="list-style-type: none"> • Public sector to create a market for private sector 	<ul style="list-style-type: none"> • Active participation of private sector • Advocacy and IEC • Referral to private sector as marketing strategy

Ms. Luz Muego expressed her concern over the seeming disappearance of the 'poor sector' in the strategies indicated in the group presentations by market segmentation quadrants.

Workshop Process: Revising and Fine-tuning Operational Plans
Ariel Canaveral

Before adjourning the workshop for the day, Mr. Canaveral informed the participants that for the second day of the workshop, the participants will present the revisions to their CSR plans as a result of their market segmentation grouping and client classification strategies. The MHOs/MPOs have been asked earlier to bring electronic and printed copies of their municipal plans to facilitate the revisions. Templates of CSR plans were also prepared. Several computer notebooks were allocated for use of workshop participants for this assigned activity.

DAY 2

Presentation and Discussion of Group Reports

Mr. Canaveral asked representatives from the group to present their revised municipal CSR plans. However, Dr. Opal Rivera announced that before they present their revised municipal plans, their group consisting of municipalities classified under Quadrant 4, would share their decision to push through with the conduct of the one-page socio-economic classification survey and present the analysis they did to arrive at this decision. Dr. Rivera explained that their group heeded Ms. Muego's expressed concern that from yesterday's workshop proceedings, somehow the strategies identified by most municipalities focused less on addressing the needs of the poor. Their group thus, had a brainstorming session after yesterday's workshop. They focused on how they could come up with a segmentation strategy that would prioritize the poor. After reviewing all the other options they decided that individual means testing is the best strategy that would prioritize FP provision to the poor.

Dr. Rivera cited the benefits of individual means testing that were identified during their brainstorming session: (1) quality and quantitative method mix; (2) more scientific basis for forecasting and market segmentation; (3) more politically accepted; (4) data can be utilized for other similar health/social programs, DILG, Social Welfare; (5) more client friendly/ provider friendly; (6) more reliable and accurate; (7) familiarity of enumerators to the socio-economic status of the clients; (8) with this kind of strategy/system, the poor will be prioritized. On the other hand, two disadvantages of individual means testing were noted by the group: (1) time consuming and (2) difficulty in ensuring the quality of data.

Given that the advantages outweigh the disadvantages, their group set out to do their cost analysis of the scenario that their municipalities would take charge of implementing individual means testing. Specifically, the group plans to implement the one-page socio-economic classification survey being developed by the PPO for inclusion in the CBFPMIS form. Dr. Rivera presented the cost analysis prepared by the group as follows:

	Binmaley	Calasiao	Mapandan	Mangaldan	San Jacinto	San Fabian
No. of MWRAs	11,582	11,776	4,754	12,669	5,180	8,000
No. of volunteers	132	96	60	120	76	102
ACTIVITIES						
1. Reproduction of forms	465.00	471.00	190.00	550.00	207.00	320.00
2. Orientation of volunteers and staff	4,500.00	3,850.00	2,950.00	7,354.00	3,075.00	3,975.00
3. Conduct of Survey						
Supplies @P15/volunteer	1,980.00	1,440.00	900.00	1,900.00	1,140.00	1,530.00
4. Data Processing	3,000.00	3,500.00	2,000.00	3,500.00	2,000.00	1,530.00
Estimated Cost: TOTAL	9,945.00	9,261.00	6,040.00	13,304.00	6,422.00	9,505.00
Proposed Budget Allocation	21,500.00	15,000.00	62,000.00	17,000.00	50,000.00	30,000.00

The group's cost analysis indicated that their proposed budget allocation for CSR segmentation could cover the estimated cost of implementing the SEC survey. Given these numbers, the MHOs/MPOs of these municipalities agreed to take charge of the expenses for the conduct of the one-page socio-economic classification survey. They will be responsible for the data gathering, encoding, processing, analysis and income classification of FP clients. Dr. Rivera pointed out that the group would need technical assistance for the (1) development of the tool; (2) data processing; and (3) training orientation. Although they basically have ownership of the data, upon Ms. Muego's clarification, they agreed to share their client classification results to the provincial government. Ms. Muego acknowledged the group's efforts and initiative in ensuring that the poor would be the focus of the public sector.

Next, Mr. Canaverall asked the group to listen to the presentations of revised CSR plans from some municipalities and from the Province of Pangasinan.

The municipal health officer of Binmaley, Dr. Gladys Manaois, presented Binmaley's revised CSR plan. The revision involved the inclusion of the following detailed activities for three of their main CSR steps:

- (1) Forecasting: attend training on forecasting
- (2) Procurement
 - a. Orient LCE and BAC about DKT as sole distributor of low-priced FP commodities
 - b. Include FP commodities in the Annual Procurement Plan
- (3) Distribution and service delivery
 - a. Targeting: Determine poor and non-poor clients using the poverty survey
 - b. Develop a system to sell FP commodities to non-poor clients in the public sector

For the City of Urduyeta, Ms. Aurea Tabor, District Nurse Supervisor, presented to the group the few changes they identified in their CSR plans. Their revisions focused on details for implementing their market segmentation strategies, which they identified as a sub-activity under forecasting. The following activities comprise their plans for segmenting the FP market in Urduyeta:

- a. Develop tool for the market segmentation using the following:
 1. Individual Testing (Q1 & Q2)
 2. Characteristic (Q3)
 3. Self targeting (Q4)
- b. Reproduce the individual survey instruments for the four (4) identified barangays
- c. Conduct orientation to BSPOs/BHWs on the tool

Dr. Suyin Macaranas, RHP/DOH Representative of Malasiqui, shared to the group the details of their revision in their CSR plans, particularly for forecasting, as follows:

- a. Conduct Individual/Means Testing & Self targeting
 1. Review/Validate PhilHealth survey results
 2. Conduct reorientation of health staff on validation of survey done.
 3. Develop process for self targeting
 4. Conduct consultative meetings with Local Officials
 5. Develop municipal survey plans (area of assignments, other operation arrangements)
 6. Conduct of survey

7. Coordinate briefing of data encoders
8. Conduct briefing of data encoders
9. Do data entry

Ms. Vicky Banez of the PPO, presented the revisions to the Provincial CSR plan as drafted by PPO staff. The following revisions were noted under the main CSR step of forecasting and selection:

- (1) Develop tool for the selected targeting methods identified:
 - a. Demographics
 - b. Characteristics
- (2) Orient the technical staff or PHO and PPO on the tool developed
- (3) Classify the clients (47 LGUs) based on the identified targeting methods
- (4) Facilitate the training on forecasting of the provincial CSR team

Identification of Resource Requirements

Ariel Canaveral

As a final workshop exercise, Mr. Canaveral asked the participants to identify the resource requirements their municipalities would need from the various groups present in the workshop.

From the MSH/LEAD group, the assistance identified consists of technical assistance on forecasting, logistics, procurement, fund management, mobilizing the private sector, data processing and geographic information systems (GIS)

From the PPO, the municipalities identified assistance for training, data encoding, processing, and reproduction of the revised CBFPMIS form.

From the MHOs/MPOs, the PPO's identified assistance consists of municipal inputs to the refinement of provincial schemes and technical assistance in providing advocacy skills on CSR.

Details of the specific resource requirements are presented in the table below.

Quadrant	LGU	Resource Requirements		
		Provincial Gov't	LGU	MSH-LEAD
Quadrant 3				
	Malasiqui	Reproduction of all CBFPMIS form	Snacks during training	TA on forecasting
		TA training of new BSPOs	Add'l manpower: BSPOs	TA on data-processing
		TA on data encoding and processing	1 computer for RHU1 2 encoders Orientation of RHMs on CBFPMIS	TA on fund management
	Urdaneta	Orientation of RHMs on CBFPMIS (cost-sharing/ TA)	Snacks during training	TA on forecasting
				TA on data-processing
				TA on fund management TA on dev't of targeting tools
Quadrant 4				
	Binmaley			
	Calasiao			
	Mangaldan			
	San Fabian			
	Mapandan			
	San Jacinto	old/modified CBFPMIS form	Reproduction of SEC-form for CBFPMIS	TA on data-processing
		TA training on new add'l form	Snacks and supplies during training	Training on forecasting

Quadrant	LGU	Resource Requirements		
		Provincial Gov't	LGU	MSH-LEAD
	Province of Pangasinan	TA on data-processing	Manpower and equipment TEV	TA on fund management and distribution Guidelines for revolving funds Legality of revolving funds
			Municipal inputs to refinement of provincial schemes TA on enhancing advocacy skills on CSR Training of trainors for CSR advocacy	TA on revision of CDLMIS form TA on logistics systems TA on mobilizing private sector GIS training Needs assessment for forecasting and procurement at the municipal level

Closing Remarks
Dean Maricon Alfiler
MSH/LEAD

Dean Alfiler congratulated and thanked the participants for a very successful workshop. She noted that Dr. Mejia's anecdote on how advance the group is on workshop processes has been manifested again in the group's output and in the way they analyzed and eventually arrived on their decisions and agreements for CSR implementation.