



# Strengthening Local Governance for Health (HealthGov) Project

## Third Quarterly Report April 1 to June 30, 2007

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## List of Acronyms

|           |  |
|-----------|--|
| AIDS      | acquired immunodeficiency syndrome                                 |
| AIP       | annual investment plan   |
| AO        | administrative order   |
| ARMM      | Autonomous Region in Muslim Mindanao                               |
| BHS       | <i>barangay</i> (village) health station                           |
| BLHD      | Bureau of Local Health Development                                 |
| BnB       | <i>Botika ng Bayan/Barangay</i> (town/village pharmacy)            |
| BTL       | bilateral tubal ligation   |
| CA        | cooperating agency   |
| CBDO      | community-based distribution outlet                                |
| CDLMIS    | commodity distribution and logistics management information system |
| CHD       | Center for Health Development                                      |
| CHO       | City Health Office/Officer   |
| COP       | Chief of Party   |
| CSO       | civil society organization   |
| CSR       | Contraceptive Self-reliance  |
| DCOP      | Deputy Chief of Party  |
| DILG      | Department of the Interior and Local Government                    |
| DMC       | Davao Medical Center   |
| DMPA      | depot medroxyprogesterone acetate                                  |
| DOH       | Department of Health   |
| DOH Rep   | Department of Health representative                                |
| EC        | European Commission  |
| F1        | FOURmula ONE for Health  |
| FHSIS     | Field Health Services Information System                           |
| FP        | family planning  |
| FP-RH     | family planning – reproductive health                              |
| FPS       | Family Planning Survey   |
| FSW       | female sex worker  |
| HealthGov | Strengthening Local Governance for Health Project                  |
| HHRDB     | Health Human Resource Development Bureau                           |
| HHRMD     | Health Human Resource Management and Development System            |
| HIV/AIDS  | human immunodeficiency virus/acquired immunodeficiency syndrome    |
| HPDP      | Health Policy Development Project                                  |
| HPDPB     | Health Policy Development and Planning Bureau                      |
| HSR       | health sector reform   |
| ICV       | informed choice and voluntarism                                    |
| IDU       | injecting drug user  |

|            |   |
|------------|---|
| IHBSS      | integrated HIV/AIDS behavioral and serological surveillance                               |
| ILHZ       | inter-local health zone   |
| IT         | information technology  |
| IUD        | intrauterine device   |
| LCE        | local chief executive   |
| LGU        | local government unit   |
| LSI        | living standard indicators  |
| LAC        | local AIDS council  |
| LGU        | local government unit   |
| LHA        | Local Health Accounts   |
| M&E        | monitoring and evaluation   |
| MARP       | most-at-risk population   |
| MCHN       | maternal and child health and nutrition   |
| MHO        | Municipal Health Officer/Officer  |
| MIPH       | municipal investment plan for health  |
| MIS        | management information system   |
| MLGU       | municipal local government unit   |
| MSM        | men who have sex with men   |
| MSTD       | males with sexually transmitted disease at social hygiene clinic                          |
| NCDPC      | National Center for Disease Prevention and Control  |
| NEC        | National Epidemiology Center  |
| NDHS       | National Demographic and Health Survey  |
| NGA        | national government agency  |
| NGO        | non-government organization   |
| NSV        | no-scalpel vasectomy  |
| OFW        | overseas Filipino worker  |
| OP         | operational plan  |
| PFMP       | public finance management plan  |
| PHIC       | Philippine Health Insurance Corporation   |
| PhilHealth | Philippine Health Insurance Corporation   |
| PHN        | Public Health Nurse   |
| PHO        | Provincial Health Office/Officer  |
| PHTL       | Provincial Health Team Leader   |
| PIDS       | Philippine Institute for Development Studies  |
| PIPH       | Province-wide Investment Plan for Health  |
| PLGU       | provincial local government unit  |
| PMG        | Project Management Group  |
| PMIS       | performance management information system   |
| PNGOC      | Philippine Non-governmental Organization Council for Population, Health and Welfare, Inc. |
| POPCOM     | Commission on Population  |
| PRISM      | Private Sector Mobilization for Family Health Project                                     |
| PRRM       | Philippine Rural Reconstruction Movement  |
| PSEP       | Public Service Excellence Program   |
| RH         | reproductive health   |

|             |   |
|-------------|---|
| RHM         | Rural Health Midwife  |
| RHU         | rural health unit   |
| RTI         | Research Triangle Institute   |
| SBM-R       | Standards-based Management and Recognition  |
| SDExH       | Service Delivery Excellence for Health  |
| SDIR        | Service Delivery Implementation Review  |
| SHIELD-ARMM | Sustainable Health Initiatives through Empowerment and Local Development Project – Autonomous Region in Muslim Mindanao |
| SOAg        | Strategic Objective Agreement   |
| SS          | <i>Senrong Sigla</i> (center of excellence)   |
| STI         | sexually transmitted infection  |
| TA          | technical assistance  |
| TAP         | technical assistance provider   |
| TB          | tuberculosis  |
| TB-DOTS     | tuberculosis directly observed treatment, short course  |
| TB LINC     | Linking Initiatives and Networking to Control Tuberculosis Project  |
| TDY         | temporary duty  |
| TL          | Team Leader   |
| TMIS        | Training Management Information System  |
| TOT         | training of trainers  |
| TWG         | Technical Working Group   |
| UNFPA       | United Nations Population Fund  |
| UNICEF      | United Nations International Children's Fund  |
| USAID       | United States Agency for International Development  |
| USG         | United States Government  |
| VCT         | voluntary counseling and testing  |
| VSC         | voluntary surgical contraception  |

## 1. Introduction

RTI International and its partners are pleased to submit this third quarterly report for the ***Strengthening Local Governance for Health*** (HealthGov) Project in the Philippines in accordance with USAID Cooperative Agreement No. 492-A-00-06-00037-00. This report covers the period 1 April to 30 June 2007 and presents progress made against planned activities for project management and mobilization, and regional implementation plans including responses to specific technical assistance (TA) requests by selected local government units (LGUs). Issues and concerns encountered in project implementation and anticipated activities for the succeeding quarter are also outlined in the report.

## 2. Summary of Major Activities and Accomplishments during the Report Period

The following are the highlights of project activities during this reporting period:

- Hired and mobilized remaining staff for Manila, Mindanao, Visayas, and Luzon regional offices;
- Continued LGU engagement through regional and provincial scoping and joint HealthGov–USAID field visits;
- Prepared and submitted the regional implementation plans;
- Revised and finalized the monitoring and evaluation (M&E) plan based on the approved work plan;
- Continued baseline data gathering for project performance indicators and USAID Office of Health (OH) operational plan indicators;
- Provided technical assistance specific to project FOURmula ONE (F1) convergence sites, F1 rollout sites, and *other* provinces;
- Coordinated with the Centers for Health Development (CHDs) and the Regional Composite Teams in preparation for the Province-wide Investment Planning for Health (PIPH) in the F1 rollout sites;
- Implemented the regional TA plans and activities, including Contraceptive Self-reliance(CSR), Service Delivery Implementation Review (SDIR), Service Delivery Excellence in Health (SDExH), and informed choice and voluntarism (ICV);
- Revised and presented to USAID/OH the advocacy strategic framework;
- Organized with PNGOC regional non-government organization/civil society organization (NGO/CSO) cluster forums on health sector reform;
- Conducted orientations on financial management planning;
- Coordinated with the CHDs, Provincial Health Offices (PHOs), and other regional and provincial stakeholders planning for the conduct of orientations on USAID technical assistance for new local chief executives (LCEs); and
- Coordinated with the Department of Health (DOH) and other USAID cooperating agencies (CAs) by leading and participating in the activities of technical working groups.

### **3. Issues and Concerns Encountered During the Report Period**

During this report period, implementation of project activities was significantly affected by the local elections. No major LGU engagement activities especially those that required gathering of people (e.g., meetings, workshops) could be undertaken due to the election ban on meetings and similar activities. This led HealthGov to undertake TA activities selectively based on requests from CHDs, PHOs, and LGUs.

After the elections, the unexpected change in leadership in some provinces covered by the project (e.g., Pangasinan, Albay, Cagayan) stirred some uncertainty among the provincial health officers as this meant the development of a new health agenda for the province. This political development required the HealthGov regional staff to undertake another round of provincial scoping to identify new gatekeepers and generate fresh information that may affect support to the initial engagement undertaken with the previous leadership.

### **4. Major Project Activities Planned for the Next Report Period (Fourth Quarter)**

Based on the updated annual work plan, the following activities will be implemented in the fourth quarter:

- Assessment of current regional staffing and hiring of new provincial coordinators as necessary;
- Preparation of second annual work plan;
- Provision of technical assistance as follows:
  1. LCE orientations – In consultation with CHDs, assist PHOs in the conduct of orientation on health sector reform (HSR) and provincial health situation for new LCEs;
  2. PIPH – Complete PIPH in as many provinces as possible; support LGU preparation of municipal investment plan and provincial investment plan;
  3. CSR – Assist selected CHDs and PHOs in the conduct of assessment and planning workshops;
  4. Financing – Develop materials on diversification of LGU financing; coach LGUs on identification and implementation of financing strategies;
  5. SDIR – Complete the conduct of SDIR scheduled in 18 provinces;
  6. SDExH – Advocate with LGUs the adoption of SDExH and the conduct of workshops in identified model provinces, namely Pangasinan, Negros Oriental, and Sarangani; continue to pretest the trainers' guide and participants' manual;
  7. Procurement and logistics system – Develop TA packages and provide TA on procurement and logistics system in selected areas;
  8. Advocacy – Develop module on building partnerships for health; provide TA to PHOs and MHOs on advocacy and power communication to enable them to effectively present and defend as well as build stakeholder support for MIPH/PIPH;

conduct PHO-convened local NGO/CSO forums and provincial partnership-building workshops.

- Monitoring and evaluation
  1. Conduct household and facility surveys to collect the operational plan (OP) indicators related to HIV/AIDS in the 12 high-risk cities;
  2. Complete the data for the HealthGov performance indicator baseline;
  3. Prepare a situation analysis report on each of the 23 provinces supported by the project;
  4. Establish the performance management information system (PMIS) database;
  5. Refine further the HealthGov M&E plan based on the baseline data and the project's intervention plan.
- Coordination with national and regional project stakeholders and other USAID CAs.

## **5. Detailed Description of Activities Conducted During the Report Period**

### **5.1 Project Management**

#### ***Staffing and Setting up of Project Offices***

The project continued the recruitment of staff to fill up the remaining vacant positions in both the national and regional offices. However, as of end of this quarter, the project has not been able to find qualified candidates for the important technical positions of Grants Specialist and HIV/AIDS Specialist. In the meantime, HIV/AIDS activities are being covered by consultant Dr. Ilya Tac-an. For the regional staff, all the remaining Provincial Coordinators for Luzon and Visayas have been hired. Two more Provincial Coordinator positions for Mindanao remain vacant but are anticipated to be filled in the next quarter as with the Regional Planning and Financing Coordinators to complete both the regional teams in Visayas and Mindanao. Applicants for Project Assistants in the national office have been shortlisted and have been scheduled for interview. It is anticipated that all the technical and administrative positions needed by the project will be filled before the end of the next quarter.

With Mr. Rommel Martinez's resignation effective 1 June 2007, recruitment for the Field Operations Team Leader position started immediately. Following a rigorous selection process, the interview panel found Mr. Juan Ragragio the best candidate for the position. He will assume the post effective 1 September. Mr. Ragragio is currently UNDP poverty reduction adviser for the Asia-Pacific region. He will bring to the project his extensive knowledge of Philippine decentralization and governance, and significant experience in coordinating local governance technical assistance.

HealthGov staff underwent a two-day cross-training designed to equip them with knowledge of the concepts and tools of health governance, health service delivery, and LGU advocacy necessary to effectively implement the TA activities for the remaining three months of the first project year. Almost all the participants found the sessions enlightening as these provided them with a deeper understanding of the project activities. As a result of the cross-training, a number of staff felt more confident to discuss the project's TA packages with partners and stakeholders.

The renovation of the Visayas and Mindanao regional offices took longer than expected. Both offices will be ready for occupancy before the end of the next quarter.

RTI has been granted approval by the contracts office for the purchase of project equipment like computers and printers in the Philippines. RTI also submitted a waiver for the local purchase of project vehicles. The request is pending approval by the contracts office.

### ***Corporate Management Project Visit***

As part of its corporate oversight, RTI conducts management visit to new projects usually after six months to review with the Chief of Party (COP) and key project staff the progress of project implementation. For HealthGov, this management visit was conducted in April 2007 by Barbara Kennedy, RTI's Director for the Center for International Health, and Catherine Fort, Deputy Director who also serves as the project's Technical Advisor. Ms. Kennedy and Ms. Fort made recommendations to refine the job descriptions of all staff to reflect the actual functions and tasks they are actually undertaking based on project implementation. They also recommended some improvements in management processes, procedures, and protocols. These include enhancing internal and external communications through the conduct of regular Project Management Group meetings, and meetings with the regional and national staff. They also recommended the hiring of a local consultant that will put together more comprehensive human resource and office policies and procedures for the project.

In June, both the COP and Deputy Chief of Party (DCOP) attended RTI's annual COP meeting which was held at its offices in Triangle Park, North Carolina. COPs and key staff from RTI's projects in 29 countries discussed corporate and field management as well as technical issues that cut across many projects. These were intended to find ways to ensure that RTI projects are run effectively and efficiently to make a lasting impact in the countries where they are implemented. Travel costs of the COP was covered by the project; travel costs of the DCOP was covered by RTI corporate funds.

In May, Dr. Consuelo Aranas, Health Program Team Leader who is JPHIEGO's most senior staff in the HealthGov project, traveled to Baltimore, Maryland, USA, to participate in the annual senior staff meeting of JPHIEGO. While in Baltimore, Dr. Aranas also held consultations with senior technical staff regarding the various TA tools that JPHIEGO will develop for the HealthGov project such as the integration of Standards-based Management and Recognition (SBM-R) with the quality assurance systems of LGUs.

Also in May, a technical assistance visit was made by a senior staff of CEDPA, one of RTI's project partners. Ms. Imelda Feranil, CEDPA's Senior Technical Advisor, was on temporary duty in the Philippines from 22 May – 24 June 2007. The main purpose of her trip was to participate in the interview process of potential Field Operations Team Leader candidates. She also provided technical assistance related to HealthGov advocacy activities.

### ***Coordination with Other CAs and National and Regional Stakeholders***

During this report period, HealthGov maintained coordination with other USAID CAs to respond to common issues related to Strategic Agreement (SOAg) concerns both at the central and regional project levels. This included inter-CA coordination related to monitoring and evaluation and baseline data-gathering for the OP indicators led by HPDP, informed choice and voluntarism, CSR monitoring and family planning (FP) in the workplace led by PRISM, quality service delivery and provider performance (the technical working group of which is spearheaded by HealthGov), advocacy and behavior change communication chaired by SHIELD-ARMM, and tuberculosis by TB LINC. HealthGov initiated the PhilHealth Technical Working Group (TWG) to address health care financing issues, particularly in relation to Philippine Health Insurance Corporation (PHIC) universal coverage and accreditation.

HealthGov participated in meetings and provided technical inputs to the DOH TWG on CSR Plus. In addition, HealthGov together with HPDP assisted in the final preparation of the new PIPH guidelines for the rollout sites. HealthGov staff attended other meetings convened by DOH as well as other stakeholders such as the Commission on Population (POPCOM) and PHIC on issues related to *Sentrong Sigla* (center of excellence) certification and the utilization of TB-DOTS reimbursement fund, among others.

Similarly, HealthGov conducted regional coordination meetings with other CAs to discuss interfacing of project activities in LGUs where other CA activities are also operating. During their scoping activities, HealthGov staff touched base not only with CHDs but also with the regional offices of POPCOM, PHIC, and the Department of the Interior and Local Government (DILG) to identify areas for potential collaboration.

## 5.2 Project Implementation Activities

During the review period, HealthGov focused on the following major activities: technical assistance provision, product development, and data gathering to identify TA needs. These activities are described below:

### *IR 1.1 Strengthening Key LGU Management Systems to Sustain Delivery of Selected Health Services*

#### Investment planning for health

The DOH's Province-wide Investment Planning for Health is pivotal in consolidating and implementing support for health reforms. Recognizing this HealthGov has appropriated PIPH as the strategic window of opportunity for strengthening LGU management systems to sustain delivery of quality health services. Toward this end, the project provided assistance to prepare DOH Centers for Health Development for the province-wide health planning exercise. The objective was to provide the CHDs with a common understanding of the PIPH guidelines and enable them to adequately provide TA to FOURmula ONE (F1) rollout and *other* provinces. As set out in the second quarter, HealthGov participated in the orientation of four batches of CHDs and two DOH-attached agencies, namely POPCOM and PHIC. CHDs included in the orientation were: CHDs 1 and 3, as well as CHDs 2 and 5 in Luzon; CHDs 7 and 6 in the Visayas; and CHD 9 in Mindanao.

To enrich the health planning process of LGUs, HealthGov provided selected CHDs and Provincial Health Offices (PHOs) orientations on health sector reform, local governance for health, health economics, and evidence-based participatory decision-making. CHD 7 as well as the PHO and DOH representatives (DOH Reps) in Misamis Occidental benefited from these orientations.

During the period under review, HealthGov provided Agusan del Norte technical assistance in the legitimization of its provincial plan for health. While the province's end-goal was clear, the steps it took in crafting the plan needed to be enhanced. Developed by the province outside the LGU planning process, the plan lacked the legitimacy that would have guaranteed it local funding and support. As well, the municipal health

investment plans that made up the provincial plan did not undergo technical review; hence, they lacked coherence and harmony. The orientation on HSR and the PIPH process that HealthGov provided put things in their proper perspective. It helped CHD Caraga and the PHO better understand the analytical framework of health sector reform, the relationship of F1 to HSR as well as the potential sources of funding to support local health priorities. The PHO and DOH Reps were clarified on their investment plan for health and set about designing a five-year plan with an annual schedule of targets. Now, the province is on its way to formulating a health plan that reflects the needs of the different municipalities in the province and has the full support of LGUs. A full account of Agusan's experience is presented on page 9.

Improving health systems to enhance service provision

1) Contraceptive self-reliance

To help achieve IR1.1, HealthGov supports interventions that will lead to the successful implementation of the CSR strategy at the LGU level. This includes developing and

*The Challenge*

Several LGUs, specifically **Agusan del Norte, Aklan, Bohol, Bulacan, Capiz, Compostela Valley, Davao del Sur, Oriental Negros, and Sarangani**, articulated the need to review the status of CSR implementation at the provincial and CHD levels

implementing a monitoring and assessment tool to track local CSR implementation.

In early 2006, the CHD and POPCOM in Region 10 developed a CSR monitoring tool intended to track the implementation of CSR. Because early CRS efforts focused primarily on procurement and logistics, the tool dealt largely on the provision of budget for and the procurement of family planning commodities. The tool failed to cover other equally important elements of CSR such as the distribution scheme adopted by LGUs as well as local support to and leadership in eliminating unmet need for FP as a priority local development goal.

The tool also did not anticipate the provisions of the forthcoming DOH administrative order on CSR that include the five core attributes of contraceptive self-reliance.

Building on what CHD 10 has initiated, HealthGov provided technical assistance to enhance the CSR monitoring tool. The project took into account the five attributes of a successful local CSR implementation: 1) political commitment to eliminate unmet need for FP, 2) LGU-provided safety net of free contraceptives, 3) improved access to all other FP methods, 4) expansion of private sector sources, and 5) integration of FP with other services for women. HealthGov identified information domains and indicators corresponding to each of these attributes and incorporated them in the monitoring tool. Collectively, these indicators consisted of 1) LGU actions that the region, province, municipalities/cities, and *barangays* (villages) have done to move CSR implementation forward, and 2) the TA that the region, province, municipalities/cities have respectively provided the province, municipalities/cities, and *barangays*. The tool was adapted for use at four levels: *barangay*, municipal, provincial, and regional.

*HealthGovResponse*

Building on the initiative of CHD and POPCOM in Region 10, HealthGov helped enhance their CSR monitoring tool by expanding it to cover elements of CSR that were not included before

The enhanced tool takes stock of the enabling environment for CSR at the LGU level (e.g., CSR planning, executive and legislative issuances that support CSR, LCE commitment to allocate funds for FP commodities). It determines the LGU's commitment to the CSR strategy in terms of forecasting, financing, procurement, and targeting of contraceptives for free distribution to the poor. The LGU's provisions for improved access to other FP methods, specifically natural family planning (NFP), intrauterine device (IUD), bilateral tubal ligation (BTL), and no-scalpel vasectomy (NSV), are ascertained as well. Lastly, the tool establishes information on the LGU's expansion of private sources of contraceptives as well as IUD, BTL, and NSV services.

The monitoring tools were pretested in 11 interlocal health zones (ILHZs) in the five provinces in Region 10. Pretest sites consisted of two municipalities per ILHZ for the municipal level, and three barangays per municipality for the barangay level. Pretesting results showed that the tools were easy to administer. Respondents indicated that most questions were easy to understand and can be readily answered. However, some questions, especially those dealing with budget and resolutions, needed more time to collect. In general, multiple information sources were necessary to get the required data. The monitoring tools were revised based on the pretest results and submitted to the national CSR Technical Working Group for adoption as the national CSR monitoring tool. To facilitate the administration of the tool, Region 10 developed an instructional guide. Data generated through the CSR monitoring tool will be used to determine the technical assistance required to drive CSR implementation forward.

### **Case in point**

## **Agusan del Norte improves health investment planning with HealthGov's help**

Listening is the beginning of understanding. Understanding health governance, that is. And nowhere is this most evident than in Agusan del Norte.

### *The challenge*

Spurred by a directive from the Center for Health Development (CHD) CARAGA, Agusan del Norte formulated its province-wide investment plan for health (PIPH) in 2006. The plan, however, lacked the wherewithal to make it work. Firstly, the PIPH did not go through the LGU planning process. Without the legitimization that the law-prescribed planning process would have given the PIPH, the plan failed to get LGU funding and support. Too, the PIPH missed the opportunity to build on the public health care financing initiative of the provincial government which had won the municipalities' financial backing. Secondly, the PIPH was based on the plan of the interlocal health zones; thus, it did not reflect the health plan of the different municipalities that would have funded the implementation of PIPH. Lastly, the PIPH did not undergo a technical review process. Hence, there was an obvious lack of coherence of the activities delineated in the plan.

### *Key TA*

These gaps presented an opportunity for HealthGov to intervene. And help it did. Assuming the role of lynchpin, the project, through its Mindanao Team, encouraged the Provincial Planning and Development Office (PPDO) and the Provincial Health Office (PHO) to settle the aforementioned issues. The project's orientation on health sector reform (HSR) and the PIPH process gave the PHO and PPDO a clearer understanding of the HSR analytical framework and the relationship of FOURmula ONE (F1) to health sector reform. Thus, the maternal and child health (MCH) program manager, for instance, came to understand MCH in the context of F1. This understanding informed the planning of MCH interventions that service providers, LGUs, and the Department of Health (DOH) could provide clients along the four F1 components, namely service delivery, regulation, financing, and governance.

### *Bottom line*

By listening to the technical inputs of HealthGov, the PHO and DOH Reps came to understand and appreciate the planning process. The Provincial Health Officer and DOH Reps set their perspective on a five-year PIPH with an annual schedule of targets. They technically reviewed the PIPH and revised it in the context of HSR and F1. At the municipal level, local finance committees (LFCs) committed to include the municipal investment plan in their respective annual investment plan. The LFCs and the different municipalities planned to conduct a more in-depth review of their annual health plans and will involve the community NGOs, CSOs, and the private sector for a multisectoral planning for health. Lastly, the provincial LGU agreed on a schedule to integrate the province-wide investment plan for health in the Provincial Investment Plan.

## 2) Procurement and logistics

Ensuring quality service delivery requires that a functional logistics system is in place, one where the right commodities are made available at the right time to the right place, in the right condition, in the right quantity, and at the right cost. To determine the gaps in LGUs' commodities supply chain and the corresponding TA that will address these gaps, HealthGov assessed and documented the procurement and logistics system of five provinces, nine municipalities, and one city. These provinces are Capiz and South Cotabato (F1), Sarangani (F1 rollout), and Bulacan and Bohol (*other* provinces). These LGUs were sampled to give a mix of F1, rollout, and *other* provinces in Luzon, Visayas, and Mindanao that have pursued some logistics initiative.

The rapid assessment showed that 10 of the 15 LGUs have formulated their CSR plan although these plans have not been updated. While all 15 LGUs have established their procurement system, seven of them are not procuring FP commodities, anti-TB drugs, and Vitamin A capsules. These are the province of Bohol and two of its municipalities, viz., Carmen and Loboc, as well as Panay in Capiz, and Malapatan and Glan in Sarangani. With its supply of commodities from UNICEF and DOH still adequate, Capiz is not doing any procurement at this time.

All five provinces have a contraceptive distribution and logistics management information system (CDLMIS) for family planning commodities. However, regular quarterly distribution by the provincial delivery team to the health facilities is no longer observed. The practice has shifted to a "come and get" or "pick up" system just like for anti-TB drugs and Vitamin A capsules where the PHO calls up the LGUs to inform them of the availability of supplies and the LGUs in turn collect their allocation. Community-based distribution outlets (CBDOs), which include Health Plus, POP SHOPS, and *Botika ng Bayan/Barangay* (BnB, town/village pharmacy), provide additional distribution channels in Bulacan, Bohol, Capiz, and South Cotabato provinces.

Bulacan, Capiz, and South Cotabato claim to still have adequate supply of FP, anti-TB, and Vitamin A commodities. Bohol's stock of all commodities, except DMPA and IUD, is adequate. Sarangani, meanwhile is experiencing inadequate supply of FP contraceptives even as it has a full supply of other commodities.

Voluntary surgical contraception (VSC) services are available in public facilities in all but one province. A private itinerant team provides VSC in Sarangani and two of its municipalities that were assessed.

The above findings summarized in Table 1, and the agreements made with the aforementioned LGUs have provided HealthGov solid bases for the types of technical assistance it will extend. Given that 10 LGUs have not updated their CSR plan, the project will help them assess their CSR initiatives, and plan for 2008-2011. Planning will be based on the expanded DOH administrative order on CSR, which, among other things, provides for improved access to other FP methods such as NFP, IUD, BTL, and NSV.

HealthGov will assist the LGUs to develop an integrated commodity distribution system. The project proposes to train a core team, composed of the province's program coordinators, that will manage this system.

South Cotabato, Sarangani, and Bohol need to identify clients that will be given free services and commodities and those that may be referred to private providers; hence, HealthGov will provide them TA in client segmentation using tools such as Living Standards Index and community-based monitoring system.

To facilitate the procurement process in Sarangani, the project will help the province arrange and operationalize government-to-government procurement with Davao Medical Center (DMC). DOH-retained hospitals like DMC are licensed distributors and wholesalers of drugs and medicines. Buying from DMC will enable Sarangani to bypass the long and tedious bidding process, and thus greatly reduce procurement processing time. TA on pooled procurement will also be provided to Bohol and Capiz.

HealthGov will help LGUs where demand for FP is high to explore the possibility of including FP commodities in BnB outlets and the establishment of POP SHOP or Health Plus facilities. POP SHOP operates under a DKT franchise. It provides LGUs with a viable and immediate option to procure and distribute contraceptive products with a cost-recovery mechanism built into the franchise design to ensure sustainable operations. On the other hand, Health Plus is a franchise of the National Pharmaceutical Foundation, Inc. It seeks to financially and institutionally sustain access to quality essential generic pharmaceuticals and FP commodities, particularly by the poor. HealthGov will provide the LGU technical assistance in facilitating the establishment of the distribution option it chooses.

**Table 1**  
**How does the procurement and logistics system fare in Bulacan, Bohol, Capiz, Sarangani, and South Cotabato?**

| LGU            | CSR plan/policy | Client segmentation | Procurement system | Procured FP commodities, TB drugs, Vitamin A?      | Distribution system  | Supply of commodities  | Availability of VSC services |
|----------------|-----------------|---------------------|--------------------|--|--|--|------------------------------|
| <b>Bulacan</b> | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓ <sup>2</sup>                                     | For FP commodities, has CDLMIS <sup>7</sup> ; for others, by program <sup>3</sup> ; has CBDOs <sup>4</sup> | Adequate supply  | ✓                            |
| Plaridel       | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓  |  |  | ✓                            |
| Sta. Maria     | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓  |  |  | ✓                            |
| <b>Bohol</b>   | x               | x                   | ✓                  | x  | For FP commodities, has CDLMIS <sup>7</sup> ; for others, by program <sup>3</sup> ; has CBDOs <sup>4</sup> | Anti-TB, Vit. A, other FP commodities adequate; DMPA, IUD inadequate | ✓                            |
| Carmen         | x               | x                   | ✓                  | x  |  |  | ✓                            |
| Loboc          | x               | x                   | ✓                  | x  |  |  | ✓                            |
| <b>Capiz</b>   | ✓ <sup>1</sup>  | ✓ <sup>5</sup>      | ✓ <sup>6</sup>     | x<br>UNICEF and DOH-provided supplies are adequate | For FP commodities, has CDLMIS <sup>7</sup> ; for others, by program <sup>3</sup> ; has CBDOs <sup>4</sup> | Donated contraceptives <sup>8</sup> , other supplies adequate        | ✓                            |
| Panay          | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓  |  | Adequate   | ✓                            |

<sup>1</sup> Plan not updated

<sup>2</sup> The province and MLGUs have appropriated funds for and procured FP contraceptives, anti-TB drugs category 3, and Vitamin A capsules since 2006.

<sup>3</sup> Usually on a “come and get” basis, i.e., the PHO calls up the LGU to get the supplies when these are ready for pick up

<sup>4</sup> These include Botika ng Bayan/Barangay, Health Plus, and POP SHOP facilities.

<sup>5</sup> Used *Bisita sa Pamilya* (literally, family visit) data as basis for client segmentation

<sup>6</sup> Adopts pooled procurement for hospital drugs and medicines; has a drug revolving fund

<sup>7</sup> Has CDLMIS provincial delivery team but delivery of FP commodities is irregular

<sup>8</sup> Given free to poor clients that have been identified through *Bisita sa Pamilya*; 14 of the 16 LGUs in Capiz have a franchise on DKT POP SHOP paid for by UNFPA and the provincial government; Panay to get DKT franchise in 2007

**Table 1**  
**How does the procurement and logistics system fare in Bulacan, Bohol, Capiz, Sarangani, and South Cotabato?**

| LGU                   | CSR plan/policy | Client segmentation | Procurement system | Procured FP commodities, TB drugs, Vitamin A? | Distribution system  | Supply of commodities  | Availability of VSC services |
|-----------------------|-----------------|---------------------|--------------------|---|--|--|------------------------------|
| Pontevedra            | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓   |  | Adequate   | ✓                            |
| <b>Sarangani</b>      | ✓ <sup>1</sup>  | x                   | ✓                  | ✓   | For FP commodities, has CDLMIS <sup>7</sup> ; for others, by program <sup>3</sup> , on varying schedules; has no CBDO            | Inadequate supply of FP commodities; adequate supply of anti-TB drugs and Vitamin A capsules | ✓ <sup>9</sup>               |
| Malapatan             | x               | x                   | ✓                  | x   |  | x  | ✓ <sup>9</sup>               |
| Glan                  | x               | x                   | ✓                  | x   |  | x  | ✓ <sup>9</sup>               |
| <b>South Cotabato</b> | ✓ <sup>1</sup>  | x                   | ✓                  | ✓ <sup>1</sup>                                | For FP commodities, has CDLMIS <sup>7</sup> ; for others, by program <sup>3</sup> , on varying schedules; has CBDOs <sup>4</sup> | Supply of commodities adequate   | ✓                            |
| Koronadal City        | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓   |  | Donated stocks, except injectables, still adequate   | ✓                            |
| Polomolok             | ✓ <sup>1</sup>  | ✓                   | ✓                  | ✓   |  | Adequate   | ✓                            |

<sup>9</sup> Private itinerant team

## IR 1.1 Activities planned for the fourth quarter

- Complete PIPH in as many provinces as possible:
  - Train CHD and provincial trainer/facilitators on HSR and PIPH;
  - Analyze situation analysis data and formulate intervention matrix using HSR/F1 framework;
  - Develop LGU CSR planning tools, which include forecasting, financing, identification of the poor, and procurement and logistics;
  - Expand private sector participation especially in developing high volume providers of IUD, NSV and NFP, and in integrating FP into safe motherhood and maternal and child health services.

## *IR 1.2 Improving and Expanding LGU Financing for Health*

During the quarter under review several provinces readied the financing component of their PIPH, and sought the assistance of HealthGov on several concerns.

While Pangasinan has drafted with EC assistance its public financial management plan (PFMP), the province needed HealthGov assistance in implementing and achieving the objectives of PFMP. As an initial step, HealthGov reviewed the province's financing management plan and pointed out a number of enhancement areas. These included the need to include a resource mobilization plan to expand the resource base for health, and review the existing health budget allocation. Likewise, there was a need for training on procurement and logistics for the provincial staff.

HealthGov's orientation on financing and resource mobilization conducted for a number of provinces not only deepened the LGUs' understanding of fund sourcing; it also surfaced several TA needs. Agusan del Norte, for instance, needed TA on updating the local revenue code, setting up a user fee scheme for cost recovery of health services, and developing a hospital development business plan. Bulacan, on the other hand, requested for a clarification on the use of PhilHealth capitation and reimbursement funds as well as TA on client segmentation and developing a hospital development business plan. South Cotabato, meanwhile, required TA in revenue raising, the use of a practical tool for client segmentation, and CSR. HealthGov has begun to respond to these TA requests. For starters, the project is developing how-to guides on updating the local revenue code, and setting up a user fee scheme.

As planned for the third quarter and to provide input to the PIPH of rollout sites, HealthGov started developing materials on LGU diversification of financing for health. The draft materials advise LGUs to also focus on internal financing options which are more stable and sustainable than external financing sources such as grants. There are PIPH requirements (e.g., hiring additional staff, purchase of general purpose equipment) which are not normally supported by donors and grants. Hence, LGUs need to strike a happy balance between tapping internal and external funding sources.

The materials emphasize that funds diversification does not intend to redirect or collar existing resources for health. Rather, it seeks to enhance existing ones, create new fund sources, and generate savings for health through more impact-driven activities. The materials advocate improving the collection of local taxes such as business and real property taxes. LGUs can enhance tax collection through measures like adjusting real

property assessment, updating the local revenue code, embarking on field collection, enforcing civil and administrative remedies, and going into computerization.

LGUs may also implement cost-recovery measures through user charges. If an LGU is not inclined to pass on the full cost of services to the clients, the user fee may be selectively imposed using practical and reasonable tools of client segmentation (e.g., Living Standards Index) to ensure that only those who cannot afford to pay avail of free services. Extra-budgetary support may also come from redirecting some activities such as parades or exhibits to more impact-driven activities like purchase of drugs and medicines.

The orientation materials encourage LGUs to explore the use of non-traditional approaches such as loans, bonds, and public-private partnership. Potentially self-liquidating facilities like hospitals and *botika sa barangay* (village pharmacy) can be developed into enterprise units. LGUs can utilize funds borrowed through loans and bonds for the construction or repair of facilities and start their enterprise operations. They can also offer incentives (e.g., tax exemption for a certain length of time) to health investors or encourage private sector participation through joint venture arrangements. As LGUs expand their health financing horizon, they will be able to combine strategies that suit their specific context and needs. HealthGov will assist them implement the financing option they decide to adopt.

During the reporting period, HealthGov added on to its array of TA tools for strengthening LGU financing for health. The integrated Community-based Monitoring and Information System (CBMIS) and living standard indicators (LSI) tool will not only generate data for means testing. It will also identify women and children with unmet needs for health services that service providers can track down and provide with the appropriate health care. This new tool is described in more detail on page 16.

#### IR 1.2 Activities planned for the fourth quarter

- Develop materials on diversification of LGU financing;
- Develop models and strategies for converting health facilities into economic enterprises;
- Coach LGUs on financing;
- Support LGU preparation of MIPH and PIPH.

### Product development

## **Integrated CBMIS and LSI: Is the whole more than the sum of its parts?**

Can one identify and prioritize clients with unmet need for health services as well as determine households that are eligible for local government subsidies using only one instrument?

Misamis Occidental is finding out. With HealthGov technical assistance, the province is trying to ascertain whether merging CBMIS and LSI can generate a single tool that's more powerful than the sum of its two sub-parts.

Living standard indicators (LSI) provide a basis for ranking households according to their eligibility for public subsidies such as free contraceptives. These indicators include food security indicators (e.g., meals served the past two days, number of days household did not have enough to eat in the past 30 days), housing characteristics (e.g., type of roofing and flooring material used, type of toilet facility), and household assets (e.g., livestock, transport, appliances). Adopting LSI as a means of ranking households gives the advantage of using a small set of indicators that are *reliable* (low risk of falsification/error, possible to verify), *simple* (easy to answer without need of computation), and *practical* (can be observed as well as asked).

The Community-based Monitoring and Information System or CBMIS consists of sequenced and continuous steps that allow service providers to identify and prioritize clients who do not avail of or access health services. Based on the state of the clients' health and the list of suggested actions to be taken contained in the CBMIS questionnaire, service providers provide initial intervention to address the clients' health concerns.

Now try to integrate in the LSI instrument CBMIS questions designed to single out women with unmet need for family planning, children 0-71 months who require vaccination and Vitamin A supplementation, and family members with TB or symptoms of TB. On top of this, add on questions that identify children who have not had a dental check up in the past six months as well as household members with special health needs (e.g., the mental ill, diabetic, disabled, drug addict, victim of domestic violence), and what have you got? You efficiently shoot two birds with one stone. You generate data for means test. Apart from this you get lists of women and children who need specific services (e.g., FP services and commodities, EPI, dental check, information and counseling) who could then be tracked down and given appropriate health care.

Misamis Occidental sees the promise of this one powerful instrument and has organized the LSI and CBMIS questions into a coherent community-based health and living standards survey form. Pretesting the form in the next few months will tell just how effectively and efficiently the integrated tool can deliver results.

### *IR 1.3 Improving Service Provider Performance*

During the review period, HealthGov pursued activities in three major areas related to improving service provider performance. These consisted of 1) ensuring quality in service delivery, 2) technical assistance provision, and 3) participation in inter-CA technical working group meetings.

#### Ensuring quality in service delivery

- 1) Setting up a model province for Service Delivery Excellence in Health (SDExH) implementation

HealthGov initiated activities leading to the modeling of a continuing quality improvement approach that integrates the strengths of the Public Service Excellence Program (PSEP), Standards-based Management and Recognition (SBM-R), and Sentrong Sigla quality standards. DOH now calls this approach Service Delivery Excellence in Health.

PSEP is a planned change effort designed to improve service provision in three areas: 1) key behaviors of service providers, 2) coverage and scope of services, and 3) installed systems and processes. SBM-R is an innovative approach to improving service provider performance and quality at the facility level particularly in countries with meager resources. It uses scientific evidence and best practices as bases for improving quality and rewarding compliance with set standards. SDExH adopts Sentrong Sigla quality standards as reference standards. The integrated approach will sharpen the focus on clinical processes to produce measurable improvements in service provision.

In a stakeholders meeting held on 10 April 2007, two HealthGov consultants, namely Dr. Edgar Necochea of JHPIEGO and Cynthia Caballero, oriented participants on PSEP and SBM-R and how to integrate these two approaches with Sentrong Sigla standards as the reference. As a result, the participants, namely DOH National Center for Disease Prevention and Control (NCDPC), Health Human Resource Development Bureau (HHRDB), Bureau of Local Health and Development (BLHD), USAID CAs, and the University of the Philippines – Philippine General Hospital, agreed to integrate PSEP and SBM-R. The NCDPC Director concluded the meeting with a declaration that DOH will adopt SBMR-PSEP as one of its continuing quality improvement approaches.

On 11-13 April, DOH and HealthGov conducted an orientation training on SBMR-PSEP for DOH-CHD representatives from the F1 provinces of Pangasinan (Region 1), Negros Oriental (Region 7), South Cotabato (Region 12), and Autonomous Region in Muslim Mindanao (ARMM) as well as program managers from the DOH central office and staff of TB LINC, SHIELD-ARMM, and HealthGov. The orientation training allowed the participants to understand the two approaches, agree on the specific content of the integrated approach, and plan for the next steps. The participants also agreed on a roadmap for SBMR-PSEP implementation.

NCDPC, with HealthGov assistance, conducted a writeshop on 8-10 May to develop the trainers' guide and participants' manual on SDExH. This is in line with the development and implementation of DOH's continuing quality improvement strategy. The development of these tools involved several iterations of drafting and reviewing five workshop modules until a third draft was crafted. The module writers will revise this draft based on the technical review conducted by major stakeholders.

With Misamis Occidental's concurrence to be an SDExH model province, HealthGov began the pilot test of the integrated PSEP-SBMR approach. On 19-22 June, the project conducted the first of four workshops that will initiate the service providers and technical staff of Oroquieta City ILHZ, Provincial Health Office, and the referring hospital to SDExH modules 1 and 2 part 1. All 75 expected participants from five LGUs attended the workshop. These included service providers from Oroquieta City (24), Aloran (5), Lopez Jaena (9), Jimenez (8), Panaon (8), PHO, and hospitals, as well as Provincial Health Team Leader (PHTL), and DOH Reps (21).

Almost all the participants (99%) acknowledged that Workshop 1 – service vision and values, and setting customer standards – was relevant to their work. They agreed to accomplish the next steps: 1) organize their respective city/municipal SDExH Technical Working Group that would formulate their service vision and value statements, 2) validate customer expectations and consolidate the customer expectation data, 3) monitor the preparation and finalization of service vision and values, and 4) conduct the next workshop on 25-26 August.

Recognizing the value of SDExH, DOH Undersecretary Ethylene Nieto issued Department Personnel Order No. 2007-1394 creating a TWG on Service Delivery Excellence in Health. This TWG is tasked, among other things, to develop an SDExH operational framework and comprehensive plan, advocate for the adoption of the SDExH approach in other health programs and projects, provide TA as well as monitor and evaluate SDExH implementation.

## 2) Monitoring compliance with the principles of informed choice and voluntarism (ICV)

Adherence to the principles of informed choice and voluntarism is an essential element in the provision of quality family planning services. To ensure compliance with the policy requirements on informed choice and voluntarism, HealthGov pretested the ICV compliance monitoring tool developed by the Compliance Monitoring Technical Working Group. The project pretested the tool among eight service providers and eight FP clients in three municipalities – Plaridel, Malolos, and Baliuag – in Bulacan. Based on the pretest results gathered by the project and those obtained by PRISM and SHIELD-ARMM, the Compliance Monitoring TWG revised the tool for another round of pretesting. Results of the second pretest will inform the final adjustments in the tool. The TWG will then present the tool to DOH, modify it as appropriate in collaboration with the health department, and advocate for DOH's adoption of the tool.

Meanwhile, HealthGov drafted its compliance monitoring plan which it will implement in the first project year.

## Technical assistance provision in Service Delivery Implementation Review (SDIR)

In response to some LGUs' expressed need for TA on the conduct of a program implementation review, HealthGov, DOH-NCDPC, and other USAID CAs developed a service delivery-centered assessment tool which provides a performance analysis framework using F1. Called Service Delivery Implementation Review, it is intended to provide program managers, service providers, and policy makers with information on the service delivery status of their province, municipality or city. It will allow the users to determine gaps between desired and actual performance, who and where are the un-

reached populations, the status of support systems (e.g., governance, financing, regulation, referral, logistics, procurement, supervision, monitoring) of the different health programs, and the effectiveness of existing interventions. It will enable health officials to identify underlying causes of performance gaps and formulate strategic interventions that will enhance service delivery performance. SDIR outputs can be used to advocate with LCEs for support to and inclusion of key interventions in the annual investment plan (AIP). Since the municipal AIP is prepared from 15 July to 15 October, the conduct of SDIR within this period is critical.

During the review period, HealthGov provided technical assistance in the conduct of the SDIR workshop for two batches of health providers and LGU personnel in Capiz. Municipal Health Officers (MHOs), Public Health Nurses (PHNs), municipal planning and development officers, budget officers, selected midwives, the *Sangguniang Bayan* (SB, municipal legislative council) chair on health, and NGO representatives from one city and 16 municipalities participated in the two workshops held on 5-6 and 7-8 June 2007. As a follow-through, Capiz LGUs will refine the respective acceleration plan they crafted, and monitor their implementation progress through a quarterly review process. They will also present the SDIR outputs to their LCE to advocate for support to identified interventions. The PHO, on the other hand, will develop a provincial acceleration plan, and allocate a budget for the SDIR process. The PHO will adopt SDIR for use in the hospital setting.

**Municipal Health Officer, Capiz**

“  
**I am going to use the SDIR results in my advocacy with *barangay* captains.**  
 ”

The successful conduct of the workshops built on the gains from the pre-workshop assessments as well as SDIR orientations that HealthGov gave the Capiz PHO, his assistant, the program coordinators, and selected DOH Reps. The pre-workshop assessments were conducted by the health personnel at different levels to generate data for use in SDIR. At the first level, the rural health midwives (RHMs) assessed service provision at the barangay health station (BHS) using an assessment tool and a gaps analysis matrix. Following this, the RHMs' supervisors compared data for the different BHSs, analyzed the gaps, and identified interventions that would help address these gaps. Throughout this process, four teams composed of PHO technical staff and DOH Reps provided coaching and mentoring to the MHO personnel. HealthGov's inputs on mentoring and coaching, gaps analysis, and intervention identification prepared the PHO staff for this task.

**SB on Health, Capiz**

“  
**I find the SDIR process simple and easy to understand. It is very timely for the new set of LCEs.**  
 ”

Lastly, the PHO/CHD supervisors of the rural health units (RHUs) compared data for the different municipalities in preparation for the provincial benchmarking activity. Data sources included the Field Health Service Information System (FHSIS) and reports on TB and on nutrition.

Meanwhile, with HealthGov assistance Bulacan initiated the spadework for the province's SDIR. Service Delivery Implementation Review will enable municipal LGUs to assess

their 2006 health service delivery performance by program and by area, and use the outputs in preparing their annual investment plan for 2008.

HealthGov gave an SDIR orientation to the technical staff of Bulacan PHO as well as the CHD and DOH Reps to provide them with a comprehensive picture of the SDIR process. A facilitators' meeting participated in by 12 PHO staff and CHD/DOH Reps firmed up the program for as well as the dates and venue of the two-day SDIR. The MHO staff collected the necessary municipal and barangay data that will input to the SDIR workshop scheduled on 10-11 and 18-19 July for two batches of service providers.

Similarly, in Aklan HealthGov oriented 14 MHOs and nine PHNs on the critical steps in SDIR. Apart from the SDIR process flow, the project, among other things, discussed with the health staff program indicators and performance standards as well as the assessment tools and guide in the initial data analysis. Municipal LGUs will gather the necessary data in July and will receive continuing coaching and mentoring from the PHO.

In Mindanao, CHD 9 used SDIR as the situational analysis tool to generate data for PIPH preparation in the three Zamboanga peninsula provinces, all of which are F1 rollout sites. SDIR will help determine the status of the different health programs, taking into account the perspectives of both service providers and clients. The SDIR orientation was integrated in the orientation on PIPH held 14-15 June 2007. As a follow-through, the PHO and city/municipal representatives, with CHD assistance, will set the schedule for the pre-workshop assessment analysis as well as the two-day SDIR workshop.

HealthGov assisted CHD-10 in the conduct of an SDIR orientation for technical staff, DOH Reps, and PHOs. Like CHD 9, CHD 10 is appropriating the value of SDIR as a situation analysis tool. The region is using SDIR to determine the status of program performance in specific areas to enable local health officials to identify and formulate the most pertinent interventions. SDIR will enable LGUs to develop their respective annual investment plan which will be presented to the newly elected local chief executives in a regional summit in early August.

The SDIR orientation in CHD-10 seeks to develop and leverage a pool of TA providers that will assist the PHO in the conduct of the provincial SDIR. With the CHD as the primary TA provider that will help replicate the conduct of SDIR, other provinces in Region 10 which are not HealthGov project sites will benefit from the advantages of doing SDIR. LGUs will follow up on the orientation with data gathering as well as municipal assessment and planning in the first two weeks of July.

#### Coordinating with partners and other stakeholders

The HIV/AIDS Technical Working Group composed of USAID and the CAs – TB LINC, A2Z, SHIELD-ARMM, PRISM, HPDP, and HealthGov – met twice during the review period to discuss the HIV/AIDS program, including status of service delivery, policies, governance, financing, planning and coordination, and M&E.

As a result of these discussions, HealthGov led the collection of HIV/AIDS data for eight high-risk cities: Angeles, Pasay, Quezon, Iloilo, Cebu, Zamboanga, General Santos, and Davao. A partial assessment of the HIV/AIDS program in Bacolod, Mandaue, and Lapu-Lapu cities was also undertaken.

Data sources included the 2005 Integrated HIV/AIDS Behavioral and Serological Surveillance (IHBSS), 2003 National Demographic and Health Survey, March 2007 National Epidemiology Center (NEC) report as well as HealthGov data drawn from scoping activities held in January – March 2007 and the rapid assessment of high-risk cities conducted in June 2007. Key findings of the assessment are listed in Box 1.



**Box 1**  
**HIV/AIDS program assessment**  
**Key Findings**

- HIV prevalence was low in 10 sentinel sites: IDUs, 0.8%; FSWs, 0.16%; MSTDs, 0.1%; MSM, 0 (IHBSS, 2005)
- Of 2,792 HIV Ab seropositive cases\* –
  - 27% were AIDS cases and 73% were asymptomatic
  - 35% were females and 65% were males
  - 57% were in the 25-30 years age group
  - 35% were OFWs and 34% seafarers
  - 87% of cases contracted HIV/AIDS through sexual intercourse (NEC, March 2007)
- Awareness of HIV/AIDS was high (96%) but knowledge of prevention was low (NDHS, 2003)
- Condom use was consistently low in almost all high-risk populations and cities surveyed (IHBSS, 2005)
- Outreach services for most-at-risk populations (MARPs) were limited in all sentinel sites except for intravenous drug users in Cebu City (IHBSS, 2005)
- Self-medication among MARPs with STI symptoms was a problem in all sentinel sites (IHBSS, 2005)
- Local AIDS councils are budgeted and functional in the cities of Angeles, Quezon, Cebu, Mandaue, Davao, and Zamboanga (HealthGov, 2007)
- Quezon City has an HIV/AIDS strategic plan; the other sentinel sites have yet to craft their own (HealthGov, 2007)
- DOH supports HIV/AIDS programs with drugs, limited training, and monitoring (HealthGov, 2007)
- Most sentinel sites want DOH to provide technical updates, training, additional logistics, and TA

\* These represent only 25% of the estimated 11,168 HIV-positive individuals.

Based on these findings, HealthGov drew up a list of recommended technical assistance for the sentinel sites, as follows:

1. Strengthen the capability of Reproductive Health and Women’s Centers to provide quality services, including voluntary counseling and testing
2. Explore the use of behavioral change communication messages that focus on condom use for the prevention of sexually transmitted infections (STIs)
3. Continue and strengthen the strategy of targeted interventions for populations of highest risk
4. Explore the use of government health centers as outreach clinics
5. Assist in the conduct of Service Delivery Implementation Review and investment planning
6. Assist in policy development and improving financing for the HIV/AIDS program

### IR 1.3 Activities planned for the fourth quarter

- Advocate with LGUs the adoption of SDExH and the conduct of workshops in identified model provinces, namely Pangasinan, Negros Oriental, and Sarangani. Continue to pretest the trainers' guide and participants' manual;
- Monitor implementation of planned SDExH activities;
- Conduct social preparation activities prior to the implementation of SDIR outputs and provide TA on its implementation;
- Review and consolidate SDIR outputs and develop a TA plan;
- Develop TA package and provide TA on procurement and logistic system in selected areas.

### *IR 1.4 Increasing Advocacy on Service Delivery and Financing*

HealthGov, in collaboration with PNGOC and regional CHDs, concluded the conduct of NGO/CSO orientation workshops on health sector reform in six major clusters nationwide from 29 May to 29 June 2007. The workshops aimed to address the following needs: 1) broaden stakeholder involvement and community participation in health decision making, 2) build support and constituency for health, 3) enhance partnerships for health between LGU health staff and NGO/CSO/community, and 4) strengthen NGO/CSO and community advocacy for health.

Aside from local NGO/CSO representatives, the workshop participants included: Provincial Health Officers, Population Program Officers, regional partners from CHDs (represented by PHTLs, DOH Reps), PHIC, POPCOM, DILG, and other CAs. A total of 143 local NGOs and civil society groups, 56 LGU health staff, 55 representatives of regional agencies, and 3 CAs actively participated in the workshops. The provinces and cities reached in the six cluster orientation workshops on HSR are as follows:

**Table 2**  
**Who participated in the NGO/CSO orientations on health sector reform?**

| Cluster   | Dates / Place                     | Local NGOs and CSOs | LGU health staff | Regional partners | Other CAs      | TOTAL      |
|---|-----------------------------------|---------------------|------------------|-------------------|----------------|------------|
| <b>South Mindanao</b><br>(South Cotabato, Compostela Valley, Sarangani, Davao del Sur, Davao City, General Santos City) | May 28-30<br>Davao City           | 25                  | 5                | 8                 | 1<br>(PRISM)   | 39         |
| <b>North Mindanao</b><br>(Agusan del Norte, Misamis Oriental, Bukidnon, Misamis Occidental)                             | June 13-15<br>Cagayan de Oro City | 25                  | 13               | 13                |                | 51         |
| <b>West Mindanao</b><br>(Zamboanga del Sur, Zamboanga Sibugay, Zamboanga del Norte, Zamboanga City )                    | June 20-22<br>Zamboanga City      | 19                  | 10               | 9                 |                | 38         |
| <b>Visayas</b><br>(Capiz, Negros Oriental, Bohol, Aklan, Negros Occidental, Metro Cebu, Iloilo City)                    | June 5-7<br>Bacolod City          | 25                  | 11               | 4                 | 1<br>(TB LINC) | 41         |
| <b>Luzon 1</b><br>(Tarlac, Nueva Ecija, Bulacan, Pasay City, Quezon City, Pampanga)                                     | June 18-20<br>Angeles City        | 29                  | 12               | 5                 | 1<br>(TB LINC) | 47         |
| <b>Luzon 2</b><br>(Pangasinan, Isabela, Cagayan, Albay)   | June 27-29<br>Manila              | 20                  | 5                | 16                |                | 41         |
| <b>TOTAL</b>  |                                   | <b>143</b>          | <b>56</b>        | <b>55</b>         | <b>3</b>       | <b>257</b> |

The workshops, which adopted participatory group processes and structured learning exercises, fostered a common understanding of health and development, health sector reform, local governance for health, building partnerships for health, and the role of NGOs/CSOs in HSR. They provided the opportunity for local stakeholders to better understand their local health situation and contextualize it within the HSR/F1 framework. The workshops also served as occasions to initiate partnerships and build relationships among the stakeholders. Major topics discussed were:

- health and development;
- health economics, HSR, and local governance for health;
- local health situations and challenges;
- DOH investments in health;
- LGU mechanisms for NGO/CSO participation;
- building partnerships for health;
- role of NGOs/CSO in HSR.

Resource persons included: 1) HealthGov’s Governance Team Leader who discussed health and development, health economics, HSR, and local governance for health in all of the six cluster workshops; 2) officials of DILG, CHD, and PHIC regional offices; 3) key staff of DOH’s Health Policy Development and Planning Bureau; 4) PNGOC; and 5) a local Sanggunian member.

At the end of the workshops, the NGOs/CSOs crafted immediate take-off points for sustaining LGU advocacy and partnerships for health in the province they represent. These include: 1) engaging local NGOs/CSOs that participated in the cluster orientation workshops in planned PIPH formulation processes, SDIR, CSR reviews, and SDExH convened by partner CHDs and PHOs; 2) ensuring NGO representation and active participation in LGU special bodies; and 3) facilitating linkages and continued collaboration with CHDs and PHOs on LGU advocacy and partnership building for health.

The workshop participants also selected the NGO/CSO convener for each province. These conveners which are listed below will help PHOs convene local NGO/CSO forums and provincial partnership building workshops.

**Table 3**  
***HSR orientation participants have selected the NGO/CSO conveners for each province***

| Province          | Convener/s  |
|-------------------|---|
| <b>LUZON</b>      |   |
| Cagayan           | Participatory Research, Organization of Communities for Self-Reliance (PROCESS) - Luzon; Cagayan Sierra Madre Coastal Farmers and Fisherfolk Association (CASMACOFFA) |
| Isabela           | PLAN Philippines  |
| Nueva Ecija       | Family Planning Organization of the Philippines (FPOP) - Tarlac Chapter   |
| Pangasinan        | Pangasinan Federation of NGOs   |
| Tarlac            | FPOP - Tarlac Chapter   |
| Bulacan           | FPOP - Bulacan Chapter  |
| Albay             | Mayon Integrated Development Alternatives (MIDAS)   |
| <b>VISAYAS</b>    |   |
| Negros Oriental   | Negros Oriental Family Planning and Reproductive Health Advocacy Network (NEOFHRAN)   |
| Negros Occidental | Negros Economic Development Foundation  |
| Capiz             | Gerry Roxas Foundation, Inc.  |

**Table 3**  
***HSR orientation participants have selected the NGO/CSO conveners for each province***

| Province   | Conveners/s  |
|--|--|
| Aklan  | Uswag Development Foundation                                   |
| Bohol  | PROCESS - Bohol  |
| <b>MINDANAO</b>  |  |
| Bukidnon   | Provincial Health Office (PHO); PILIPINA                       |
| Misamis Oriental   | PHO; Technology Outreach and Community Help Foundation (TOUCH) |
| Misamis Occidental                                       | PHO  |
| Agusan del Norte   | FORWARD, Inc.  |
| Davao del Sur  | Provincial Population Office (PPO)                             |
| Compostela Valley  | PHO, PPO   |
| Sarangani  | PHO<br>Community Health and Development, Inc. (COMDEV)         |
| South Cotabato   | FPOP - General Santos City                                     |
| Zamboanga Sibugay  | Coalition for Development - Sibuguey (CODE-S)                  |
| Zamboanga del Norte                                      | PPO  |
| Zamboanga del Sur  | Associates for Integral Development Foundation, Inc. (AIDFI)   |
| <b>HIV/AIDS SENTINEL SITES</b>                           |  |
| Clark Development Zone (Angeles and San Fernando cities) | TRI-DEV Specialists Foundation, Inc.                           |
| Metro Manila (Pasay and Quezon cities)                   | TRI-DEV Specialists Foundation, Inc.                           |
| Iloilo, Bacolod, Lapu-lapu, Mandaue, and Cebu cities)    | HOPE Volunteers Foundation, Inc.                               |
| Davao, Zamboanga, and Gen. Santos cities                 | ALAGAD Mindanao; COMDEV  |

HealthGov will support the NGOs/CSOs by providing them assistance in their constituency building. At the same time, the project will engage the LGUs in a thinking-and-doing process whereby they are catalyzed to actively seek the participation of NGOs/CSOs in advancing health sector reform. This translates, among other things, to the LGUs enjoining the NGOs/CSOs to win a seat in the Provincial Health Board and being accredited first in order to do so, and getting them to join the health management team in advocacy initiatives for health. The collaboration between the LGUs and NGOs/CSOs is expected to be spelled out in a Provincial Partnership Building Plan for Health that they will craft jointly.

#### IR 1.4 Activities planned for the fourth quarter

- Develop a module on building partnerships for health;
- Provide TA to PHOs and MHOs on advocacy and power communication to enable them to effectively present and defend as well as build stakeholder support for MIPH/PIPH;
- Conduct PHO-convened local NGO/CSO forums and provincial partnership building workshops.

## **6. Monitoring and Evaluation (M&E)**

### **6.1 Revision of the M&E Plan**

Following the significant changes in the list of operational plan (OP) indicators, the consequent sharing of data collection responsibilities among CAs as well as the initial refinement of the HealthGov performance indicators, the draft M&E Plan submitted to USAID in December 2006 necessitated major adjustments. The number of indicators was reduced from 25 to 24 indicators, with major revisions in at least five of the original indicators. The revised M&E plan was submitted to USAID on 29 June 2007.

### **6.2 Baseline Data Collection**

#### ***Operational Plan Indicators***

HPDP has been tasked by USAID to lead the collection of the OP indicators baseline data. October 2005-September 2006 was set as the reference period for the indicators. The 55 OP indicators, which have been identified for monitoring USG-assisted health programs in 29 provinces, were collected through the following:

- Generation of province-level estimates for the 17 indicators using national survey data (NDHS, FPS) that are representative only at the regional level;
- A household survey to collect four indicator values which are not present in the existing surveys; and
- Facility-based surveys covering PHOs, RHUs, public and private hospitals, private clinics including TB-DOTS centers, microscopy laboratories, and community-based organizations to collect 25 indicators values.

While HPDP took responsibility for both the facility survey and the generation/extrapolation of province-level estimates from existing survey results, HealthGov assumed the task of conducting a household survey to collect the four OP indicator values in the 29 USG-assisted provinces. The survey was contracted out to Demographic Research and Development Foundation, Inc., and was conducted between 1 May and 15 June 2007. To maximize the use of the survey, additional questions leading to three OP indicators were included in the questionnaire.

HealthGov contributed to the generation of the provincial estimates for the 17 OP indicators by engaging an international expert to review and comment on the methodology proposed by the local expert hired by HPDP to do the task.

On two separate meetings of the M&E TWG during the period, updates on the survey activities and initial survey results were presented by HPDP and HealthGov to the other CAs. The complete results were presented on 22 June 2007 to the CAs including their respective COPs and program specialists during a meeting held at the University of the Philippines School of Economics. Specific comments and suggestions pertaining to provincial data were elicited from the participants, which served as inputs to the assessment of the validity and acceptability of the survey and extrapolation results. On the whole, it was agreed that further refinements in the OP indicator values will have to

be done by all concerned CAs by utilizing other data sources that they deem more reliable.

### ***HealthGov Performance Indicators***

Baseline data were collected from the 23 provinces by the Provincial Coordinators. Most of the information collected pertain to the local health system (e.g., health sector planning, health information system, procurement and logistics, ILHZ activities, health financing) and were generated through interviews of key informants at the provincial health offices. A review of the consolidated data by the M&E Team, however, revealed some invalid information based on initial information gathered through other sources. Thus, the collected data need to be validated before using them as baseline for target setting. Moreover, refinement of the performance indicators involved redefining a significant number of indicators. These changes would mean extended information collection activities. Annex A shows the revised list of HealthGov performance indicators reflecting the consolidated baseline data already available as well as the data gaps.

### **6.3 M&E Information Storage**

All collected data will be stored in databases to be managed and maintained by the HealthGov M&E Team, which is composed of the M&E Specialist, MIS Specialist, and Communications Specialist, with the support of the IT Specialist. These databases are the:

- 1) HealthGov Performance Management Information System (PMIS), which will be maintained by the HealthGov M&E Team and field staff; and
- 2) HealthGov Training Management Information System (TMIS), which stores a more detailed set of information on the training activities of the project such as training design, schedules, participant profile, training costs, and training outputs.

PMIS aims to provide an efficient system for entering, managing, storing, and reporting the project's M&E data. PMIS will be integrated into the project website. The stand-alone PMIS data entry and reporting application as well as the data transfer mechanism will be developed by a local IT firm. Initial discussions between the M&E Team and the IT firm on the latter's plan of activities have started. While the contract is being prepared by RTI and the firm, all collected data are being encoded and consolidated in Excel program. Filled-up data capture forms serve as back-up documents.

TMIS is already in place and currently available for training data inputs. All training data are being consolidated and summarized by the system, ready for inputting into the USAID TrainET database. The MIS Specialist and IT Specialist attended the one-day training at USAID on the use of and access to the TrainET on 4 April.

TMIS is currently being updated with the collected documentations of training and workshops conducted by the project. The concerned provincial coordinators and office managers fill up a TMIS data capture form after completion of training activities and submit these to the MIS Specialist for uploading on the system. Selected training information is subsequently uploaded on the TrainET. As of June 2007, information on 19 HealthGov training activities has been encoded in the TIMS. Of these, information on 16 activities was uploaded in the TrainET (the other three activities are those that need not

be included in the TraiNET). Annex B provides the training report for January to June 2007.

The HG website with URL [www.healthgov-ph.org](http://www.healthgov-ph.org) is currently being improved through the simplification of buttons, menus, and design. The aim is to reduce development time and cost, provide a strong security foundation for PMIS, and facilitate the website's management. The selected IT firm provided the M&E Team an orientation on Drupal, the system that will be used to operate and manage the website. Drupal is an open source content management system that allows online sharing of information and community (of information users)-building. Meanwhile, HealthGov staff are continuously posting calendar of events, forums, blogs, file shares, and articles.

#### **6.4 M&E Activities Planned for the Fourth Quarter**

- Conduct the household and facility surveys to collect the OP indicators related to HIV/AIDS in the 12 high-risk cities;
- Complete the data for the HealthGov performance indicator baseline;
- Prepare the situation analysis reports on the 23 provinces supported by HealthGov;
- Establish the PMIS database;
- Continue data entry of incoming training/workshop activities;
- Refine further the HealthGov M&E Plan.

## **7. Financial Report for the Quarter**

### **Health Sector Development Program - Local Government Unit (LGU) Systems Strengthening Component (HealthGov)**

**CA # 492-A-00-06-00037-00**

#### **Quarterly Financial Summary**

**For the period of April 1 through June 30th, 2007**

Third quarter expenditures, including accruals, for the HealthGov project totaled \$1,320,819. Year 1 cumulative expenditures reflect a 49% burn rate for the third quarter of the project (i.e., 49% of the Year 1 budget has been expended) as of June 30, 2007. Labor and fringes, field office expenses and sub-recipients costs comprised 61.72% of total expenditures for the quarter. Expenditures for field office operations significantly increased during this quarter as mobilization activities continued.

In light of the finalization of the Year 1 work plan, the Year 1 budget will be realigned to reflect planned activities. These changes will address negative variances that currently exist between the Year 1 budget (as awarded) and the project Year 1 budget (based on actual and forecasted expenditures) for in-country travel, relocation, field office expenses, materials, and consultants. Although variances exist for these line items, total expenditures for Year 1 will not exceed originally budgeted amounts.

**ANNEX A. Baseline Data for HealthGov Performance Indicators as of June 2007**

| Indicator/Sub-Indicator  | LUZON | VISAYAS | MINDANAO | ALL<br>REGIONS |
|--|-------|---------|----------|----------------|
| <b><i>IR1.1 Strengthening key LGU Management Systems to sustain delivery of selected services</i></b>        |       |         |          |                |
| <b>1.1A # of LGUs with health sector investment plan</b>   |       |         |          |                |
| Provinces with health sector investment plan (any)   | 6     | 4       | 10       | 20             |
| Provinces with Province-wide Investment Plan for Health  | 1     | 2       | 2        | 5              |
| Provinces with PIPH Implementation Plan  | 0     | 0       | 0        | 0              |
| <b>1.1B # of LGUs with improved health information system</b>  |       |         |          |                |
| Provinces with at least 75% of component LGUs submitting FHSIS quarterly reports on time                     | 0     | 3       | 4        | 7              |
| Provinces with at least 50% of component LGUs submitting FHSIS quarterly reports on time                     | 4     | 3       | 6        | 13             |
| Provinces with average delay of less than 2 weeks in the submission of quarterly reports by component LGUs   | 4     | 3       | 3        | 10             |
| <b>1.1C # of health-related ordinances, resolutions, and executive orders issued during the last 3 years</b> |       |         |          |                |
| Pending as of the last 3 years   | 0     | 0       | 6        | 6              |
| Passed during the last 3 years   | 20    | 19      | 64       | 103            |
| Implemented during the last 3 years (incl. those passed before the last 3 years)                             | 22    | 78      | 59       | 159            |
| <b>1.1D # of LGUs with a procurement and distribution system for essential drugs and commodities</b>         |       |         |          |                |
| Provinces with an Annual Procurement Plan (APP) for essential drugs and commodities (EDC)                    | 6     | 4       | 11       | 21             |
| Provinces where procurement for EDC is being done thru the provincial Bids & Awards Committee                | 6     | 5       | 11       | 22             |
| Provinces where EDC are being procured at the same time (integrated)   | 5     | 1       | 2        | 8              |
| Provinces usually procuring EDC on time  | 3     | 3       | 2        | 8              |
| Provinces usually procuring adequate quantities of EDC   | 2     | 3       | 6        | 11             |
| Provinces with regular distribution schedule for EDC   | 4     | 1       | 4        | 9              |
| Provinces usually distributing EDC on time   | 3     | 1       | 4        | 8              |

| Indicator/Sub-Indicator  |   | LUZON     | VISAYAS | MINDANAO  | ALL REGIONS |
|--|---|-----------|---------|-----------|-------------|
| <b>1.1E</b>  | <b># of LGUs with functioning ILHZs</b>   |           |         |           |             |
|  | Provinces with established Inter-local Health Zones   | 6         | 5       | 9         | 20          |
|  | Provinces with at least 50% of ILHZ-member LGUs contributing resources for undertaking zonal health activities              | 3         | 3       | 4         | 10          |
|  | Provinces with at least 50% of ILHZs meeting regularly  | 2         | 3       | 4         | 9           |
| <b>IR1.2 Improving and expanding LGU financing for key health services</b> |   |           |         |           |             |
|  | <b># of LGUs that increased the share of their health spending over total LGU spending (Source: DoF local expenditures)</b> |           |         |           |             |
| <b>1.2A</b>  | Between 2002 and 2003   | 3         | 1       | 4         | 8           |
|  | Between 2003 and 2004   | 4         | 2       | 4         | 10          |
| <b>1.2B</b>  | <b># of LGUs that support health programs and activities from the 20% Development Fund</b>                                  | NA        | NA      | NA        | NA          |
| <b>1.2C</b>  | <b>Amount of in-country public financial resources budgeted for FP/RH in project LGUs in 2006 (in Pesos)</b>                | 6,828,475 | 950,000 | 5,310,029 | 13,088,504  |
| <b>1.2D</b>  | <b># of LGU health facilities accredited and receiving PHIC reimbursements</b>  |           |         |           |             |
|  | # of accredited Hospitals receiving PHIC reimbursements for Out-Patient Benefits  | 51        | 68      | 37        | 156         |
|  | # of accredited Hospitals receiving PHIC reimbursements for Maternity Care Package  | 22        | 12      | 11        | 45          |
|  | # of accredited MHCs/RHUs for Out-Patient Benefits  | 75        | 46      | 85        | 206         |
|  | # of accredited MHCs/RHUs for Maternity Care Package  | 14        | 2       | 35        | 51          |
|  | # of accredited MHCs/RHUs for TB-DOTS   | 20        | 23      | 61        | 104         |
| <b>1.2E</b>  | <b># of LGUs availing of loans or donations for health activities in 2006</b>   |           |         |           |             |
|  | Province availed loans/borrowings for health activities   | 2         | 3       | 2         | 7           |
|  | Province secured any form of grants donations for health activities   | 6         | 4       | 8         | 18          |
| <b>1.2F</b>  | <b># of LGUs which have completed market segmentation as a basis for introducing user fees</b>                              |           |         |           |             |
|  | # of component LGUs of the province adopting a scheme to identify the poor as basis for introducing user fees for non-poor  | 81        | 65      | 110       | 256         |

| Indicator/Sub-Indicator  | LUZON | VISAYAS | MINDANAO | ALL REGIONS |
|--|-------|---------|----------|-------------|
| <b>1.2G # of LGUs employing user fees for non-FP services</b>  |       |         |          |             |
| # of component LGUs charging user fees for TB services   | 19    | 1       | 19       | 39          |
| # of component LGUs charging user fees for MCH services  | 12    | 1       | 58       | 71          |
| # of component LGUs charging user fees for HIV/AIDS/STI services   | 24    | 0       | 13       | 37          |
| # of component LGUs charging user fees for services involving other infectious diseases                    | 11    | 9       | 8        | 28          |
| <b>1.2H # of LGUs using revolving funds for some aspects of their health services</b>                      |       |         |          |             |
| Provinces using revolving funds  | 3     | 4       | 4        | 11          |
| Provinces using trust funds  | 3     | 3       | 7        | 13          |
| <b><i>IR1.3 Improving service provider performance</i></b>   |       |         |          |             |
| <b>1.3A # of TAPS engaged by the project to provide TA to LGUs</b>   | 0     | 0       | 0        | 0           |
| <b>1.3B # of LGUs paying directly for service provider training</b>  |       |         |          |             |
| Provinces paying directly for service provider training  | 2     | 0       | 3        | 5           |
| <b>1.3C # of LGUs with recognition and rewards system for health service providers</b>                     | NA    | NA      | NA       | NA          |
| <b>1.3D # of LGUs with service delivery improvement system</b>   | NA    | NA      | NA       | NA          |
| <b>1.3E # of LGUs conducting an annual Service Delivery Implementation Review</b>                          | NA    | NA      | NA       | NA          |
| <b>1.3F # of LGUs with monitoring system for informed choice and voluntarism (ICV) compliance</b>          | 3     | 0       | 4        | 7           |
| <b><i>IR1.4 Increasing advocacy on service delivery and financing</i></b>                                  |       |         |          |             |
| <b>1.4A # of LGUs where public hearings on health sector issues have been held</b>                         |       |         |          |             |
| Provinces where public hearings on health sector issues sponsored by public officials/leaders were held    | 6     | 4       | 8        | 18          |
| <b>1.4B # of LGUs in which Local Chief Executives publicly promote the value of improved public health</b> |       |         |          |             |
| Provinces where governors of the province publicly promote the value of improved public health             | 7     | 5       | 11       | 23          |

|             | <b>Indicator/Sub-Indicator</b>  | <b>LUZON</b> | <b>VISAYAS</b> | <b>MINDANAO</b> | <b>ALL<br/>REGIONS</b> |
|-------------|---|--------------|----------------|-----------------|------------------------|
| <b>1.4C</b> | <b># of LGUs showing evidence of community input to health- related deliberations at the local level</b><br>Provinces where community inputs have been incorporated into the deliberations of the Provincial Health Board or SP             | 5            | 4              | 9               | 18                     |
|             | <b>Indicator/Sub-Indicator</b>  | <b>LUZON</b> | <b>VISAYAS</b> | <b>MINDANAO</b> | <b>ALL<br/>REGIONS</b> |
| <b>1.4D</b> | <b># of municipalities/ cities providing inputs to health sector program or budget deliberations at provincial level</b><br>Number of municipalities/cities providing inputs to province-wide health sector program or budget deliberations | 16           | 73             | 134             | 223                    |
| <b>1.4E</b> | <b># of favorable positions taken by the leagues on public health issues</b><br>Number of position papers or resolutions prepared by the Leagues during the past 3 years in the HealthGov provinces   | 4            | 4              | 2               | 10                     |

## ANNEX B. HealthGov Training Report, January-June 2007

**Table 1. HealthGov training/orientation workshops conducted from January to June 2007**

| Training/Orientation Workshop   | Date of Activity  | Number of Participants |            |            |
|---|-------------------|------------------------|------------|------------|
|   |                   | Male                   | Female     | Total      |
| 1. Local Health Sector Review   | Feb. 13-14, 2007  | 6                      | 15         | 21         |
| 2. Ensuring Compliance with Informed Choice and Voluntarism             | Feb. 27, 2007     | 4                      | 20         | 24         |
| 3. Stakeholders Meeting and TOT on Integrated SBMR/PSEP/SS QAS          | April 10-13, 2007 | 7                      | 31         | 38         |
| 4. Orientation of CHDs on the PIPH for Health Rollout                   | May 8-10, 2007    | 21                     | 39         | 60         |
| 5. Writeshop on Development of Training Materials on SBMR-PSEP for SDEP | May 8-10, 2007    | 3                      | 17         | 20         |
| 6. Orientation on CSR Monitoring Assessment Tool                        | May 17-18, 2007   | 9                      | 31         | 40         |
| 7. Presentation of CSR Monitoring Assessment Pilot Test Results         | May 24, 2007      | 5                      | 27         | 32         |
| 8. Orientation of Enhanced PIR to Bulacan Municipalities                | May 28-29, 2007   | 14                     | 46         | 60         |
| 9. South Mindanao NGO/CSO Orientation Workshop on HSR                   | May 28-30, 2007   | 8                      | 26         | 34         |
| 10. Visayas Orientation NGO/CSO Orientation Workshop on HSR             | June 4-6, 2007    | 15                     | 25         | 40         |
| 11. SDIR Workshop for Capiz Province                                    | June 4-8, 2007    | 18                     | 90         | 108        |
| 12. North Mindanao NGO/CSO Orientation Workshop on HSR                  | June 13-15, 2007  | 17                     | 34         | 51         |
| 13. Capiz LCE Forum   | June 16, 2007     | 27                     | 24         | 51         |
| 14. Luzon (1) NGO/CSO Orientation Workshop on HSR                       | June 18-20, 2007  | 4                      | 22         | 26         |
| 15. West Mindanao NGO/CSO Orientation Workshop on HSR                   | June 20-22, 2007  | 17                     | 18         | 35         |
| 16. Luzon (2) NGO/CSO Orientation Workshop on HSR                       | June 27-29, 2007  | 12                     | 14         | 26         |
|   |                   |                        |            |            |
| <b>Total</b>  |                   | <b>187</b>             | <b>479</b> | <b>666</b> |

**Table 2. HealthGov training/orientation workshops: Financial report, January to June 2007**

| Training/Orientation Workshop   | USAID Fund (US\$) |                  | NON-USAID Funds (US\$) |                 |                 | Total (US\$)     |
|---|-------------------|------------------|------------------------|-----------------|-----------------|------------------|
|   | Instructions      | Travel           | Instructions           | Travel          | Trainee         |                  |
| 1. Local Health Sector Review   | 1,704.00          | 1,607.40         |                        |                 |                 | 3,311.40         |
| 2. Ensuring Compliance with Informed Choice and Voluntarism             | 587.08            | 20.60            |                        | 308.51          |                 | 916.19           |
| 3. Stakeholders Meeting and TOT on Integrated SBMR/PSEP/SS QAS          | 3,500.21          |                  |                        | 1,008.75        |                 | 4508.96          |
| 4. Orientation of CHDs on the PIPH Rollout                              | 6,589.84          |                  |                        |                 |                 | 6,590.00         |
| 5. Writeshop on Development of Training Materials on SBMR-PSEP for SDEP | 2,578.55          |                  |                        | 60.00           | 238.30          | 2,876.85         |
| 6. Orientation on CSR Monitoring Assessment Tool                        | 802.50            |                  |                        | 227.71          | 2,017.50        | 3,048.00         |
| 7. Presentation of CSR Monitoring Assessment Pilot Test Results         | 349.00            |                  | 62.50                  | 157.29          | 841.57          | 1,410.36         |
| 8. Orientation of Enhanced PIR to Bulacan Municipalities                | 621.05            |                  | 194.70                 |                 |                 | 816.00           |
| 9. South Mindanao NGO/CSO Orientation Workshop on HSR                   | 3,826.75          | 1,716.12         |                        |                 |                 | 5,542.87         |
| 10. Visayas NGO/CSO Orientation Workshop on HSR                         | 5,381.48          | 3,087.35         |                        |                 |                 | 8,468.83         |
| 11. SDIR Workshop for Capiz Province                                    | 3,195.00          | 64.00            | 892.78                 | 563.82          |                 | 4,716.00         |
| 12. North Mindanao NGO/CSO Orientation Workshop on HSR                  | 3,771.05          | 2,007.99         |                        |                 |                 | 5,779.04         |
| 13. Capiz LCE Forum   | 653.70            |                  |                        | 204.25          |                 | 857.95           |
| 14. Luzon (1) NGO/CSO Orientation Workshop on HSR                       | 5,201.27          | 1,053.53         |                        |                 |                 | 6,254.80         |
| 15. West Mindanao NGO/CSO Orientation Workshop on HSR                   | 3,587.36          | 1,535.00         |                        |                 |                 | 5,122.36         |
| 16. Luzon (2) NGO/CSO Orientation Workshop on HSR                       | 5,024.00          | 2,416.39         |                        |                 |                 | 7,440.39         |
|   |                   |                  |                        |                 |                 |                  |
| <b>Total</b>  | <b>47,372.84</b>  | <b>13,508.38</b> | <b>1,149.98</b>        | <b>2,530.33</b> | <b>3,097.37</b> | <b>67,658.90</b> |