



Strengthening Local Governance for Health (HealthGov) Project

Fourth Quarterly Report July 1 to September 30, 2007

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List of Acronyms

AI	avian influenza
AIDS	acquired immunodeficiency syndrome
AIP	annual investment plan
AO	administrative order
ARMM	Autonomous Region in Muslim Mindanao
BEMOC	basic emergency obstetric care
BHS	<i>barangay</i> (village) health station
BLHD	Bureau of Local Health Development
BnB	<i>Botika ng Bayan/Barangay</i> (town/village pharmacy)
CA	cooperating agency
CBDO	community-based distribution outlet
CDLMIS	commodity distribution and logistics management information system
CEDPA	Centre for Development and Population Activities
CEMOC	comprehensive emergency obstetric care
CHD	Center for Health Development
CHO	City Health Office/Officer
CSO	civil society organization
CSR	contraceptive self-reliance
CTO	Cognizant Technical Officer
DA	Department of Agriculture
DILG	Department of the Interior and Local Government
DOH	Department of Health
DOH Rep	Department of Health representative
EC	European Commission
EPDM	evidence-based participatory decision-making
F1	FOURmula ONE for Health
FGD	focus group discussion
FHSIS	Field Health Services Information System
FP	family planning
HealthGov	Strengthening Local Governance for Health Project
HealthPRO	Health Promotion and Communications Project
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HPDP	Health Policy Development Project
HR	human resource
HSR	health sector reform
ICV	informed choice and voluntarism
IHBSS	integrated HIV/AIDS behavioral and serological surveillance
ILHZ	inter-local health zone
IR	intermediate result

IT	information technology
IUD	intrauterine device
LAC	local AIDS council
LCE	local chief executive
LGU	local government unit
LHA	Local Health Accounts
LSI	living standard indicators
M&E	monitoring and evaluation
MARP	most-at-risk population
MCH	maternal and child health
MHO	Municipal Health Officer/Officer
MIPH	municipal investment plan for health
MIS	management information system
MNCHN	maternal, neonatal, and child health and nutrition
NCDPC	National Center for Disease Prevention and Control
NEC	National Epidemiology Center
NDHS	National Demographic and Health Survey
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
PIPH	Province-wide Investment Plan for Health
PMG	Project Management Group
PMIS	performance management information system
PNGOC	Philippine Non-governmental Organization Council for Population, Health and Welfare, Inc.
PO	people's organization
POPCOM	Commission on Population
PRISM	Private Sector Mobilization for Family Health Project
PSEP	Public Service Excellence Program
RH	reproductive health
RHM	Rural Health Midwife
RHU	rural health unit
RTI	Research Triangle Institute
SA	situational analysis
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
SIP	service implementation plan
SOAg	Strategic Objective Agreement
SS	<i>Senrong Sigla</i> (center of excellence)
STI	sexually transmitted infection
TA	technical assistance
TACT	Technical Assistance Coordination Team
TAMT	Technical Assistance Management Team
TAP	technical assistance provider
TB	tuberculosis
TB-DOTS	tuberculosis directly observed treatment, short course
TB LINC	Linking Initiatives and Networking to Control Tuberculosis Project
TMIS	Training Management Information System
ToT	training of trainers
TWG	Technical Working Group
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 fourth 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 July to 30 September 2007 and presents progress made against planned activities for project management and implementation and provision of technical assistance (TA) to the Department of Health Centers for Health Development (DOH CHDs) and local government units (LGUs) in the 23 provincial project sites. Issues and concerns encountered in project implementation and anticipated activities for implementation in the first quarter of Year 2 are also outlined in the report.

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

Highlights of project activities during this reporting period are as follows:

- Hired and mobilized the Field Operations Team Leader, HIV/AIDS Specialist, Finance and Administration Manager, and other field and administrative staff
- Prepared and submitted the Year 2 project work plan covering the period 1 October 2007 through 30 September 2008
- Collected additional data as alternative baseline estimates for both HealthGov project performance indicators and USAID operational plan (OP) indicators; prepared yearly performance targets from 2007 to 2011 for these sets of indicators
- Provided TA in the following:

IR 1.1

1. PIPH – Supported LGU preparation of municipal investment plans and province-wide investment plans for health (PIPH) in the F1 rollout sites; initiated PIPH process in selected non-F1 project sites
2. Procurement and logistics system – Developed consumption-based forecasting tool for contraceptive commodity requirements of LGUs; assisted some LGUs in reviewing their existing logistics system
3. CSR – Assisted selected CHDs and Provincial Health Offices (PHOs) in the conduct of contraceptive self-reliance (CSR) assessment workshops; assisted CHD 10 in the finalization of the CSR monitoring tool based on comments from the DOH CSR Technical Working Group (TWG); provided TA in CSR monitoring tool orientation

IR 1.2

4. Resource mobilization and financing – Provided technical assistance to CHDs in the conduct of resource mobilization and financial planning workshops in support of PIPH preparation in roll out sites

IR 1.3

5. SDIR – In collaboration with CHDs and PHOs, completed the conduct of Service Delivery Implementation Review (SDIR) scheduled in rollout and other provinces in support of the development of provincial and municipal service delivery acceleration plans for the key program areas of family planning (FP), maternal and child health (MCH), tuberculosis (TB), Vitamin A and micronutrients supplementation, and HIV/AIDS. SDIR results and data were also used in the situational analysis (SA) for the PIPH preparation of some provinces
6. SDExH – In collaboration with DOH and CHDs, continued the process of modeling Service Delivery Excellence in Health (SDExH) as an approach to quality service improvement resulting in the completion of Workshops 1 to 4 in the pilot sites of Misamis Occidental and Negros Oriental
7. ICV implementation and monitoring – Provided significant inputs to the development, pilot testing, and finalization of the informed choice and voluntarism (ICV) compliance monitoring tool; integrated ICV in the SDIR and SDExH TA packages; in partnership with DOH and POPCOM, trained ICV trainers from all CHDs
8. HIV/AIDS – Completed the rapid assessment and situation analysis of HIV/AIDS sites including the conduct of SDIR workshop
9. AI – Together with representatives from the Department of Agriculture (DA), DOH, and selected LGUs, participated in the review of an avian influenza (AI) early warning system previously developed with USAID assistance

IR 1.4

10. LCE orientations – Assisted CHDs and PHOs in the conduct of local chief executive (LCE) orientations for governors, mayors, and local decision-makers on health sector reform (HSR), and investment planning, and USAID TA available from its cooperating agencies (CAs)
11. Provided technical support in the design and conduct of provincial workshops on partnership-building between LGUs, NGOs, and civil society organizations (CSOs) to promote multi-stakeholder participation in the local processes of health sector reform

Coordination meetings

12. Collaborated with DOH and other USAID CAs by leading and participating in the activities of technical working groups

3. Issues and Concerns Encountered During the Report Period

During the meeting on 4 September 2007 held between HealthGov and the Technical Assistance Management Team (TAMT) of DOH, the latter strongly suggested that HealthGov provide TA on facility mapping particularly basic emergency and obstetric care (BEMOC) and comprehensive emergency and obstetric care (CEMOC) to LGUs prior to the PIPH. This TA is not in the original plan of HealthGov and at the time of the

meeting, the PIPH process had already started in most of the rollout sites. Given the original schedule set by DOH for the completion of the PIPH and considering that facility mapping also requires additional time and financial resources on the part of the LGUs, this could not be undertaken as suggested. Also, for HealthGov to assume this TA, it was recommended that the DOH officially request this from USAID. The role of HealthGov, timing, and consultant/s for this TA will be further clarified with USAID and DOH for appropriate planning in the next quarter.

As TAs of the USAID CAs are now well underway, there is a need to further harmonize TA provision especially in LGUs where several CAs are present. One area for harmonization is the resources (e.g., meetings costs, transportation and per diem, honorarium of resource persons) provided by the CAs and the counterpart that should be covered by the LGUs. In order to avoid comparing resources provided by the CAs, it might be necessary to develop and negotiate for a general memorandum of agreement that outlines the rules of engagement between the LGUs and USAID CAs. In the next quarter, HealthGov will undertake a review of its current LGU engagement process, identify areas for improvement, and hold consultations with the other CAs to address this concern.

4. Major Project Activities Planned for the Next Report Period (First Quarter Year 2)

Based on the draft annual work plan that was submitted for USAID approval on 31 August 2007, the following activities will be implemented in the first quarter of Year 2:

- Hiring of staff for the remaining vacant positions: Regional Coordinator for Luzon, Regional Planning and Finance Coordinators for Visayas and Mindanao, and some administrative staff for the national office
- Provision of technical assistance as follows:
 1. PIPH – Assist CHDs and PHOs in completing the PIPH process and finalizing the plans of the seven rollout sites; support LGU preparation of municipal and provincial investment plan following the PIPH process in the *other* provinces
 2. CSR – Assist CHD Region 10 in finalizing the CSR monitoring tool based on comments from DOH and inter-CA TWG; assist DOH in the development and testing of CSR tools (e.g., for client segmentation, forecasting)
 3. Financing – Develop materials on diversification of LGU financing; coach LGUs on identification and implementation of financing strategies; assist selected LGUs in expanding universal PhilHealth coverage.
 4. SDIR – Complete the conduct of SDIR in remaining project sites that have not conducted this activity
 5. SDExH – Continue the pilot-testing of the remaining modules in Misamis Occidental and Negros Oriental; assist in the preparation of monitoring tools
 6. LCE orientations in HIV/AIDS sites – In consultation with CHDs, assist CHOs, and local AIDS councils (LACs) in the conduct of orientation on HSR and HIV/AIDS for

- selected LCEs in selected HIV/AIDS sites; provide TA in the development of LGU guides on strategic and investment planning for HIV/AIDS
7. AI – Undertake consultations with DOH, CHDs, CAs, and other stakeholders for the development of the TA work plan for AI, including assessment of the presence of AI in high-risk areas
 8. ICV – Monitor ICV compliance of LGUs in project sites; provide TA during trainings conducted by DOH/NCDPC and the CHDs
 9. Advocacy – Assist LGUs and NGOs/CSOs in developing health advocacy strategies; develop tools for partnership and constituency-building for health; monitor NGO/CSO participation in local development councils, provincial health boards, inter-local health zones (ILHZs), and other health-related committees
 10. Monitoring and evaluation (M&E) – Conduct facility surveys to collect the OP indicators related to HIV/AIDS in the 11 high-risk cities; establish the HealthGov PMIS database and website; further refine the HealthGov M&E Plan; prepare the HealthGov logframe
 11. Coordination – Collaborate and coordinate 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 filled three important positions, with Juan Mayo Ragragio assuming the post of Field Operations Team Leader and Dr. Ricardo Mateo as HIV/AIDS and Infectious Disease Specialist. Sonia Ferrer, Finance and Administration Manager, resigned on 21 September 2007 but was immediately replaced by Cecille Robles. Two Provincial Coordinators for Mindanao were hired completing the staff complement for this position in all the three regional offices. The resignation of Gerard Suanes created a new vacancy for Regional Coordinator for Luzon. The recruitment of candidates to fill this position has begun and it is expected that the replacement will be hired in the next quarter. To date, no qualified candidates for Regional Planning and Financing Coordinators for Visayas and Mindanao have applied leaving these positions open to date. At the national project office, a Project Assistant was hired to provide administrative support to the LGU Governance and Health Program teams. Recruitment for the Grants and Subcontracts Specialist and the executive assistant is still ongoing.

Starting this report period, HealthGov was provided technical support from RTI's Regional Human Resource (HR) Advisor for Asia, Remy Pascual, who has provided advise on various issues related to HR like review of job descriptions and personnel policies and procedures. Ms. Pascual holds office at the HealthGov national office when not traveling to other RTI projects in Asia.

Both the regional offices for Visayas and Mindanao are now completely renovated, equipped, and fully functional.

Organization and Team Development

On 20-21 July 2007, the Project Management Group (PMG) held an out-of-town organization and team development workshop. The workshop provided an opportunity for senior management to build the synergy of the executive team, take stock of the team's roles and responsibilities, enhance the organizational chart, develop internal communication policies, and build team norms and procedures. An external consultant, Ancilla Enterprise Development Consulting, designed and organized this activity. As the project gears up for the second year of implementation, similar team development exercises will be held in the first quarter of Year 2 for each of the regional and technical teams.

The PMG held regular weekly meetings and had periodic consultation meetings with the regional teams to review the progress of project implementation and address emerging issues in a timely manner.

Together with representatives of other CAs, three HealthGov staff, namely Dr. Lily Aranas, Dr. Cesar Maglaya, and Dr. Rosario Benabaye, participated in the "Technical Meeting for Scaling up High Impact FP/MNCH Best Practices: Achieving Millennium Development Goals in Asia and the Near East" held in Bangkok, Thailand on 3-8 September 2007. This meeting was attended by nearly 450 health and development professionals and focused on practical and feasible approaches to bring practices that have been proven to work to those that need them most. Dr. Maglaya's travel costs were covered by JPHIEGO. HealthGov supported the participation of selected DOH officials: Regional Director Pauly Ubial and Dr. Cemellie Sabay of CHD Region 11; Dr. Jocelyn Aca, PHO of Compostela Valley; and Dr. Josephine Villafuerte, CHO of Davao City. These participants are expected to apply the lessons they learned from the meeting to the design and implementation plan for the Family Health Book in Compostela Valley, a HealthGov project site.

Drs. Roy Gavino and Mary Angeles Piñero, Service Delivery Coordinators for Luzon and Visayas, respectively, participated in a study tour to observe an Indonesian village-level surveillance and response approach to avian influenza. Other representatives from DOH and DA were also in the study group. This activity was organized by RAISE, a regional project supported by USAID. Drs. Gavino and Piñero are expected to provide significant inputs to the development of HealthGov's TA plan for AI activities in project sites where the risk for AI is high.

HealthGov will continue to support the participation of its staff in similar learning opportunities to the extent that they will contribute to technical skills enhancement and enable them to effectively carry out the project's TA activities.

Corporate Management and Technical Support Visits

During this report period, the project received management and technical support from RTI headquarters and from its international partners, JPHIEGO and CEDPA.

From RTI, HealthGov's Project Administration Specialist, Asli Failmezger, visited the project and provided operational and administrative management support from 31 August to 17 September 2007. She worked with the project finance team on the Year 2 and life-of-project budget, reviewed the project pipeline report, and assisted in updating the administrative and financial procedures and policies, among others. Mr. Willard Marsden, Jr., RTI Director for International Security, visited from 11-17 September to review the ongoing security program and emergency plans of the project office.

Faizun Kamal, JPHIEGO's Program Officer for the Philippines, visited the project from 16-31 August 2007. Ms. Kamal participated in the planning meetings of the Health Program Team and in the national staff meeting on the preparation of the second annual work plan. Ms. Kamal likewise updated the JPHIEGO staff on organizational and administrative issues.

JPHIEGO's senior management officials, Alain Damiba, Vice-President for Global Program Operations, and Dr. Ronald Magarick, Director for Global Programs, paid a brief visit to the project on 11 September 2007. The visit enabled Mr. Damiba to get to know the project's activities as well as reiterate JPHIEGO's unwavering support to its partnership with RTI to ensure the successful implementation of the HealthGov project.

Also in August, a project visit was made by Kathrin Tegenfeldt, CEDPA's Associate Director for Field Operations, to provide program management and administrative support to CEDPA activities and staff under the HealthGov project. Ms. Tegenfeldt participated in Year 2 work plan preparation meetings and provided inputs to the long-term and annual advocacy program components of the project. She also oriented the new Field Operations Team Leader on CEDPA policies and procedures.

Preparation of Year 2 Work Plan

The PMG met with the project's Cognizant Technical Officer (CTO) on 5-8 August 2007 to discuss the scope of the annual work plan for the second year. The meeting allowed the PMG to review the status of Year 1 implementation vis-à-vis the regional work plans, and agree on the main thrusts for Year 2 as well as the outline and content of the work plan document. The CTO provided some general directions and inputs to the preparation of the work plan. Following this meeting, the Deputy Chief of Party held separate planning meetings with the regional teams to discuss the process of preparing the regional and provincial implementation plans for the second year.

A staff meeting was held in the national project office on 23-25 August to provide a venue for all technical and field staff to comment and agree on the strategic directions for Year 2, the specific TA interventions to be provided to LGUs, the TA tools to be developed, and the expected results per province. Subsequently, the project's second annual work plan was submitted to the project's CTO on 31 August. It is expected that the work plan will be revised based on the CTO's comments.

Collaboration and Coordination with Other CAs and National and Regional Stakeholders

HealthGov's collaboration and coordination with DOH, USAID CAs, and other national and regional stakeholders are primarily reflected in its participation in and provision of technical inputs to the activities of technical working groups organized by DOH and the

USAID cooperating agencies. HealthGov also plays a gatekeeping role with CHDs, PHOs, and other CAs in the implementation of field activities.

- **Inter-CA Collaboration**

During this report period, HealthGov convened the inter-CA **TWG on PhilHealth** to discuss policy issues that USAID CAs needed to bring to the attention of PhilHealth management. These include: harmonization of DOH *Senrong Sigla* (centers of excellence) certification standards and PhilHealth accreditation standards for TB-DOTS, birthing facilities, pediatric TB program, and the TB-DOTS outpatient package; the benefit package for child health and family planning; guidelines on the utilization of TB-DOTS reimbursement revenues; and implementation of means test in the sponsored program enrollment. These issues were presented to the PhilHealth officers in a meeting held in Tagaytay on 13 July 2007.

As chair of the inter-CA TWG, HealthGov, through Dr. Alex Herrin, represented the USAID CAs in the focus group discussions conducted by PhilHealth to review its benefit packages. A follow-up inter-CA TWG meeting will be held in the next quarter to discuss follow-on actions that the TWG and/or the individual CAs will undertake.

HealthGov held a consultative meeting of the **TWG on Logistics** with TB LINC and SHIELD-ARMM to share updates on project activities, current developments in and plans for development of TA tools for procurement and logistics.

HealthGov hosted a series of meetings held by the inter-CA **TWG on HIV/AIDS** to develop the inter-CA Year 2 work plan which identifies the TA areas that need to be addressed either by all the CAs or individually. The TWG has developed a 10-point agenda. HealthGov's technical inputs will be required in all the TA areas except for leveraging support from the private sector.

HealthGov significantly contributed to the **TWG on ICV** which held several meetings on the development, pretesting, and finalization of the ICV compliance monitoring tools for use by the CAs. These tools have been presented to DOH for comments and subsequently for use in the national FP program.

HealthGov participated in the activities of TWGs led by other CAs. This included inter-CA coordination related to M&E and baseline data-gathering for the OP indicators led by HPDP, CSR monitoring by PRISM, advocacy and behavior change chaired by SHIELD-ARMM, and TB by TB LINC. Another emerging TA area that will require CA support, including HealthGov's, is the development of the CHD toolkit, which HPDP is coordinating. HealthGov participated in a consultative meeting that discussed the various tools CHDs would need to be able to provide effective TA to LGUs. The various TA for which HealthGov will be responsible under M&E and CSR are integrated in the subsequent sections of this report.

HealthGov participated in other CA activities which included, among others, TB LINC's consultative meeting on its Year 2 work plan, the consultative meeting on the development of the Family Health Book, and review meetings on the policy scans both of which are being coordinated by HPDP. Likewise, HealthGov provided technical support during the writeshop on ARMM Investment Plan for Health sponsored by SHIELD-ARMM.

- **Support to DOH Activities**

HealthGov provided financial support to the DOH Secretary's Meeting with the DOH ARMM Health Secretary and the governors of the F1 rollout provinces held on 2 August 2007 in Pasay City. The purpose of this meeting was to orient the governors on the F1 framework, level off common expectations of and clarify perceptions on F1, and secure the governors' commitment and agreement to pursue health sector reforms. HealthGov provided financial support to the participation of the governors, CHDs, and PHOs of the seven rollout provinces — Albay, Isabela, three Zamboanga Peninsula provinces, Compostela Valley, and Sarangani — where HealthGov is providing TA. The project helped organize a side meeting between USAID and the seven governors, CHDs, and PHOs. The meeting allowed USAID to present its TA program that is implemented in these provinces through its CAs. HealthGov also supported the attendance of some DOH national staff, and assisted in documenting the proceedings of the meeting.

On 26 September 2007, a second Health Secretary's Meeting, this time with the governors of the 16 priority provinces, was held in Pasay City. The meeting sought to reorient the governors on the F1 framework and implementing strategies, financing mechanisms, and LGU scorecard. It aimed to level off expectations and clarify perceptions on F1, clarify difficulties in PIPH implementation, and identify TA needed to efficiently implement PIPH at the local level. Similarly, HealthGov provided financial support for the attendance of the governors, CHDs, and PHOs of five F1 provinces — Capiz, Negros Oriental, Pangasinan, Misamis Occidental, and South Cotabato — that HealthGov is providing technical assistance.

HealthGov attended the meeting called by the newly formed Technical Assistance Management Team (TAMT), now renamed Technical Assistance Coordination Team (TACT) on 4 September. The purpose of the meeting was for HealthGov to present its Year 1 work plan. However, since the first year was coming to an end, the focus of project TA in the first year was presented instead. The results of this meeting were relayed to the CTO for further clarification and consultation, particularly in regard to the rules of engagement between TAMT and USAID CAs, not only HealthGov.

HealthGov participated in DOH-led meetings on the implementation of the expanded administrative order on CSR. A CSR TA plan has been drawn and specific TA has been identified for development and support by CAs. HealthGov has been assigned to develop the tools related to local LGU response to CSR, specifically the tools for monitoring and planning, commodities forecasting, market segmentation, means testing, and client classification, among others. Accordingly, HealthGov TA on CSR to the LGUs will be aligned with the TA requirements under the expanded AO.

- **Field-level Collaboration and Coordination**

HealthGov plays a gatekeeping role at the regional and provincial levels; hence, its regional teams work closely with CHDs, PHOs, and other CAs in planning and scheduling TA activities, especially in areas where several CAs converge to provide TA to the same LGUs. CAs like TB LINC, A2Z, PRISM, and HealthPRO have participated in TA activities spearheaded by HealthGov at the provincial level. These include workshops related to SDIR, SDExH, CSR, and PIPH preparation. These CAs also participated in the planning and conduct of courtesy calls to the new LCEs and orientations on HSR and USAID TA.

HealthGov assisted TB LINC and A2Z in gathering baseline data for the TB and micronutrient OP indicators.

HealthGov will continue to hold periodic review and planning meetings with the other CAs; schedules of activities will be conveyed to the other CAs for their participation. In the next quarter, HealthGov will review with the other CAs the rules of LGU engagement to come up with guidelines for more efficient scheduling and provision of TA activities.

5.2 Project Implementation Activities

HealthGov activities during the review period focused on technical assistance provision. These activities are described below:

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

Investment Planning for Health

HealthGov continued to provide technical assistance to project-supported F1 rollout sites and *other* provinces to help them undertake the province-wide investment planning for health (PIPH).

- **F1 Rollout Sites**

All seven F1 rollout sites — Isabela, Albay, Sarangani, Compostela Valley, and Zamboanga del Sur, del Norte, and Sibugay — have completed the preparatory and planning phases of PIPH and are three-quarters on the way to completing the province-wide planning process. The project provided a TA package that responded to the LGUs' need for support in the initial orientation of local officials on health sector reform, F1, and PIPH; getting the governor's mandate to plan for health; orienting and capacitating the planning team; setting the baseline and situational analysis; setting the goals; determining and costing critical interventions; developing the financial plan; and determining management system requirements.

HealthGov's inputs to the LCE orientations provided local officials with a better understanding and appreciation of health sector reform as a response to the health challenges in their province and municipalities. The project's TA highlighted the importance of PIPH in forging LGU-DOH partnership to achieve the goals of better health outcomes, more responsive health system, and equitable health care financing.

The project's enhanced program implementation review tool called Service Delivery Implementation Review (SDIR) proved quite useful for the situational analysis that PIPH requires. Among other things, SDIR enables program managers to identify the status of support systems — governance, financing, regulation, referral, logistics, procurement, supervision, monitoring — for the different health programs, and the key implications for reform. As an SA tool, SDIR results help prioritize and design key interventions and guide the programming of appropriate action.

HealthGov TA enabled the LGUs to cost critical interventions and identify the resource requirements for each intervention. Resource mobilization TA, on the other hand, helped the LGUs identify the financial options available to the LGUs from internal and external sources, including DOH.

A review and consultation process at the LGU level plus the necessary TA are expected to lead to the finalization and adoption of the LGUs' respective health investment plan. The LGUs will then have to work on getting the LCE's mandate to implement the plan.

- **Other Provinces**

In HealthGov-supported *other* provinces, the project tried to influence the investment planning process along the same track that F1 sites adopted. This translates to the *other* provinces' adopting the PIPH planning process. In this regard, HealthGov applied the same planning design, tools, and approaches that were used in the F1 rollout sites.

Three of the five *other* provinces that were provided TA in investment planning — Aklan, Bukidnon, and Misamis Oriental — are about half-way through the PIPH process. They have completed their situational analysis using SDIR, determined and cost the critical interventions, and ascertained the management system requirements. Davao del Sur meanwhile has yet to determine its management system requirements. Negros Occidental leads the group with its PIPH ready for presentation to the Provincial Health Board for endorsement, and to the Governor to get the mandate to implement.

Improving Health Systems to Enhance Service Provision

- **Strengthening the LGU Procurement and Logistics System**

During the review period, HealthGov responded to Pangasinan's request for technical assistance in pushing CSR forward. In particular, the project provided TA in forecasting municipal and provincial family planning commodity requirements for 2008. For this purpose, HealthGov used the consumption-based forecasting tool that it has developed.

The project also extended TA in doing a quick assessment of the contraceptive distribution and logistics management information system (CDLMIS) in the municipalities of Mapandan, Mangaldan, and Basista. The assessment revealed that CDLMIS is functioning smoothly. Ordering and delivery of commodities are regularly carried out at the provincial up to the barangay level. Records and reports are well-maintained and regularly updated. Mangaldan in particular has passed an ordinance on the implementation of a cost-recovery scheme for LGU-procured FP commodities. The scheme was supposed to take effect in September 2007 but implementation was deferred due to insufficient funds for the procurement of seed stock.

HealthGov's TA in the technical review of the draft municipal CSR logistics management systems guidelines for Mangaldan has resulted in a revised draft that incorporates the project's recommendations.

In Bohol, the project's TA in consumption-based commodities forecasting and procurement options as well as the results of SDIR provided significant inputs to the province's CSR planning. The project enhanced the templates for the CSR planning

sessions to help the LGUs identify specific action steps. Bohol's CSR plan requires province to share 10% of the FP commodity cost. The plan also provides for the activation of the province's CSR Technical Working Group and the dissemination of the CSR policy guidelines among all LGUs.

HealthGov's TA visit to Bukidnon revealed that a logistics system is in place. However, the system would benefit from 1) an improved procurement scheme, 2) using consumption data in forecasting FP commodity requirements, 3) a better inventory control, and 4) improved distribution and allocation. The project will provide technical assistance to address these needs.

Technical assistance in analyzing logistics gaps and issues helped Negros Oriental, Aklan, and Capiz to identify and adopt such schemes as improving their CSR policy guidelines, activating the CSR Technical Working Group. TA helped Negros Oriental decide to allocate PhP 500,000 to each ILHZ. Aklan, on the other hand, established community-based distribution outlets or POP SHOPS while Capiz increased the seed capital for all POP SHOPS in the province.

IR 1.1 activities planned for 1st Quarter Year 2

- Provide technical assistance in the completion of PIPH in the seven F1 rollout sites
- Support LGU preparation of municipal and provincial investment plan following the PIPH process in *other* provinces

IR 1.2 Improving and Expanding LGU Financing for Health

During the quarter under review, HealthGov provided technical assistance to Zamboanga del Norte, Agusan del Norte, and Bukidnon on resource mobilization to support the preparation of their MIPH and PIPH.

The resource mobilization component of the MIPH/PIPH workshop in these provinces presented the range of revenue options that LGUs may appropriate apart from the internal revenue allotment and PhilHealth capitation. These include taxes, user fees and charges, borrowings, public-private partnerships, the 20% development fund as well as the funds allocated for calamities, gender and development, and the *Sangguniang Kabataan* (youth council). An important part of the workshop was the exercise on matching critical interventions for one health program with cost and available resources. This helped the LGU-participants understand and appreciate the costing process. To reinforce this exercise, the participants were asked to submit a comprehensive MIPH consisting of programs, cost, and fund sources for a five-year period.

The workshop emphasized the need to integrate the MIPH/PIPH interventions in the Local Development Plan and the Annual Investment Program to secure funding for 2008.

IR 1.2 activities planned for 1st Quarter Year 2

- Continue to provide resource mobilization TA in support of PIPH
 - Develop the tool for reviewing LGUs' public financial management plans

- Provide assistance in the review, consolidation, and packaging of intervention costing
- Provide assistance in LGU preparation of the public financial management plan
- Provide TA on expanding universal PhilHealth coverage

IR 1.3 Improving Service Provider Performance

Technical Assistance Provision

- **Service Delivery Implementation Review (SDIR)**

During the reporting period, HealthGov provided technical assistance to nine CHDs (CHDs 1, 3, 5, 6, 7, 9, 10, 11, and 12) in the conduct of SDIR either as a stand-alone approach or as part of the orientation training intended to develop technical assistance providers (TAPs). SDIR is a monitoring tool that aims to assess the progress of health implementation, identify gaps and their causes, decide on strategic interventions, and formulate an acceleration plan to improve service delivery.

In some CHDs and provinces SDIR was used to generate data for the situational analysis (SA) for municipal, city, and provincial investment planning. The PIPH-SDIR orientation package was developed and implemented in CHD 11 and subsequently improved and replicated in CHD 10. SDIR uses program performance standards/indicators as take-off points for analysis. On the other hand, the PIPH situational analysis uses health outcomes as its starting point. Since program performance standards/indicators contribute directly to the achievement of health outcomes, SDIR is utilized as an SA tool to enhance the PIPH situation analysis matrix. The acceleration plan developed as part of SDIR is incorporated into PIPH to ensure approval of resources. It should be noted, however, that there are interventions that do not need investment. To date, HealthGov has provided 11 CHDs and 14 provinces — including their 405 component cities and municipalities — SDIR TA for the investment planning situational analysis.

During the review period, HealthGov provided TA in service delivery implementation review conducted in two rollout sites — Albay and Isabela — and in four *other* provinces, namely Bulacan, Aklan, Negros Occidental, and Bohol. Four to five participants per municipality attended the SDIR workshops. These consisted of the MHO, PHN, an MPDC member, the municipal budget officer, the *Sangguniang Bayan* (SB, local legislative council) representative for health, and an NGO representative. Table 1 describes in some detail the conduct and outputs of SDIR in these provinces.

In Albay, workshop participants tabulated the SA results and critical interventions for service delivery improvement in the PIPH F1 matrix and agreed to pursue specific follow-on steps. LGUs will review and complete the matrices for use as bases for costing and preparation of the budget and financial plan. The PHO technical staff and DOH Reps will provide TA to sharpen the situation analysis, goals, and critical interventions. The chiefs of hospitals will formulate their hospital plan. Lastly, the LGUs will consolidate the plans they have crafted – the hospital, PHO, and ILHZ plans – into a province-wide investment plan for health.

LGUs that participated in the SDIR workshop in Isabela agreed to conduct SDIR annually using their own funds. In Bulacan, participating LGUs completed their assessment,

analysis, and service delivery acceleration plan. The SDIR experience in this province brought to the consciousness of local legislators the need for key LGU officials, particularly the SB for Health, the Municipal Budget Officer, and the Municipal Planning and Development Officer, to participate in service delivery implementation reviews to better contribute improving health services.

With the integration of CSR planning in SDIR, program implementation review in Bohol assumed a different texture. The province decided to include CSR in SDIR because the 2008 phase-out of family planning commodities is just a few months away, and yet most LGUs were not allocating funds for contraceptives. Since CSR needs to be budgeted for and LGUs have to catch up with budget preparations for the coming year, integrating CSR in the SDIR workshop was deemed timely.

LGUs which participated in the Bohol SDIR workshop will consolidate the workshop outputs and present them to the governor for policy and funding support. They will work for the installation of support systems needed to push MIPH and PIPH forward. Importantly, they agreed to institutionalize the regular conduct of SDIR to improve service delivery in the province.

In Aklan, SDIR was used as a tool for the situational analysis that the municipal health investment planning requires. The acceleration plans that the municipal LGUs developed were integrated into their respective MIPH. The municipal health investment plan will be refined and presented to the Municipal Health Board for review and subsequent endorsement to the Sangguniang Bayan, and integration into the Municipal Investment Plan for 2008.

SDIR workshop participants in Negros Occidental found the program review process useful, but found the need to ensure that the performance gaps analysis will specifically identify program components that need to be addressed and improved.

Table 1
SDIR in Albay, Isabela, Bulacan, Bohol, Aklan, and Negros Occidental

Particulars	F1 Rollout sites		Other provinces			
	Albay	Isabela	Bulacan	Bohol	Aklan	Neg Occidental
How many LGUs/ILHZs participated?	13 municipalities		23 municipalities, 1 city (2 batches)	45 municipalities, 1 city (4 batches)	17 municipalities	6 ILHZs, 30 municipalities (2 batches)
Who and how many participated?	MHOs, PHNs, MPDOs, MBOs, SB on Health	42 Participants	MHOs, PHNs MPDOs, MBOs, SB on Health 4-5 Participants per LGU	40 MHOs, 47 PHNs, 24 MPDOs, 21 MBOs, 36 SB on Health, 4 NGO reps, 3 vice mayors	121 Participants	MHO, PHN, MPDO, MBO, SB on Health, NGO representative
What's different?	SDIR was used as SA tool for MIPH.	SDIR was used as SA tool for PIPH.	SDIR was used as SA tool for PIPH.	SDIR included CSR planning to enable LGUs to catch up with annual investment planning.	SDIR was used as SA tool for MIPH.	SDIR was used as SA tool for PIPH.
What were the outputs, agreements or next steps?	<ul style="list-style-type: none"> SA results tabulated in F1 matrix 6-year goals and targets Critical interventions in F1 matrix ILHZ matrix Next steps: <ul style="list-style-type: none"> PHO and DOH Reps to provide TA to sharpen the SA, goals, and critical interventions LGUs to consolidate plans into PIPH 	LGUs planned to conduct SDIR annually using their own funds.	<ul style="list-style-type: none"> All LGUs completed their assessment, analysis, and acceleration plan. The SB on Health realized the need for the SB, MBO, MPDO, and ABC president to participate in the SDIR workshop to maximally contribute to health services improvement. 	LGUs agreed to institutionalize the conduct of SDIR, consolidate workshop outputs and present them to the governor, and install support systems required for a more comprehensive MIPH and PIPH. The PHO will designate a focal person to lead TA provision to LGUs.	<ul style="list-style-type: none"> 3-year strategic plan and annual investment plan to be refined and presented to the Municipal Health Board for review and subsequent endorsement to the Sangguniang Bayan and integration into the Municipal Investment Plan for 2008 	The PPDO provided some financing options: pay as is , pay as you use , and pay as you go .

Ensuring Quality in Service Delivery

- **Modeling the Service Delivery Excellence in Health (SDExH) Approach**

During the review period, HealthGov continued the SDExH modeling activities it started in the previous quarter. SDExH is a continuing quality improvement design which integrates the customer-centered Public Service Excellence in Health (PSEP) and the Standards-based Management Recognition (SBMR) approach which is technically biased for proven quality standards. SDExH uses the *Senrong Sigla* (center of excellence) quality standards and the DOH program performance standards.

On July 18-19, 2007 HealthGov provided technical assistance in the conduct of Workshop 1 Modules 1 and 2 in Negros Oriental. Module 1 dealt with visioning while Module 2 focused on setting customers' standards. These were the same modules that were pretested in Misamis Occidental in the previous quarter. Based on lessons learned from the Misamis Occidental experience, some elements of Workshop 1 were modified to enhance the module. For instance, the role play on quality health service delivery was cancelled because participants did not find it useful.

The workshop evaluation indicated that the sessions broadened the participants' understanding of the various customers, including the LCEs, they serve. The sessions also helped the service providers reflect on how they actually provided services to their customers.

Workshop 2–Module 2 — Setting Local Service Standards — was tested in both Misamis Occidental (25-26 July) and Negros Oriental (22-23 August). The five-week interval between the conduct of Workshops 1 and 2 aimed to allow the participants to formulate their service vision and value statements, and validate the customers' standard they have identified. A total of 78 technical staff from the PHO, CHO, and four MHOs in Misamis Occidental participated in the workshop. Facilitators consisted of four DOH and six HealthGov staff as well as the PSEP consultant.

In Negros Oriental, 64 health staff from five municipalities, the PHO, and the provincial hospital attended the workshop. Three DOH personnel, three HealthGov staff, and one SHIELD representative served as facilitators. The participation of CHD technical staff who were *Senrong Sigla* assessors fasttracked the review of quality standards set by DOH.

Participants in the two provinces achieved the objectives of Workshop 2. They finalized the validated customers' expectations, and integrated the different standards that SDExH require — customers, performance, *Senrong Sigla*, and other standards. Additionally, participants developed the standards assessment tool (SAT), and discussed ways of administering it.

Participants identified a number of factors that needs to be reviewed to improve Module 2. These include the difficulty of validating customers' expectations. Providing clear, specific inputs to the development of the validation tool, including

the process of administering it, needed to be enhanced. Moreover, providing enough time for mentoring and coaching activities was found necessary.

As agreed in Workshop 2, SDExH participants attended Workshop 3–Modules 3 and 4 on the scheduled dates: 28-29 August for Misamis Occidental and 27-28 September for Negros Occidental. Almost all participants who attended the previous workshop took part in the Misamis Occidental Workshop 3. In Negros Occidental, about 30 percent of the expected participants were not able to attend because the RHU staff of one municipality were required by the mayor to stay for an external evaluation while some PHO staff had to attend other meetings.

Monitoring and coaching enabled the five RHUs and PHO in Negros Oriental to review the outputs of Modules 1 and 2 and complete outputs that need to be completed before proceeding to the next module.

While the RHUs in Negros Oriental have not yet formulated their service improvement plans, they have initiated steps to improve service delivery. For instance, representations with the mayor made by Bacong RHU yielded a pledge of PhP 400,000 for FP, micronutrient, and other supplies. Moreover, the mayor showed positive interest in getting SS certification the soonest possible time. He had to wait, however, for the necessary infrastructure support from the EC grant. The RHU in Valencia has revived preparations for TB-DOTS accreditation. The PHO has drawn up a monitoring schedule for all RHU staff while the hospital administrative officer has started to procure additional chairs and a buzzer for the hospital.

Mentoring and coaching enabled all RHUs to finalize their service vision and values. They completed assessing the specific programs assigned to them as well as reviewed and enhanced the standard assessment tool for other programs to complete the priority core programs. SAT generated data for the gaps analysis and identification of interventions for service improvements which are laid out in a service improvement plan (SIP). Each LGU formulated a SIP for one program. Majority of the interventions the LGUs planned to do are within their control and could be implemented without any additional budget. These interventions are expected to be carried out immediately.

Module 4 — Monitoring Progress — allowed the participants to assess progress in achieving standards and in SIP implementation at the level of 1) the service providers, 2) the immediate supervisors of the service providers, and 3) people outside the RHU (e.g., PHO technical staff, DOH Reps).

As a follow-through, DOH and HealthGov will provide technical assistance to help LGUs complete the performance analysis and formulate the SIP for other programs, and assess the progress of SDExH implementation in the different LGUs. DOH and HealthGov will also help capacitate the SDExH Technical Management Teams to provide TA to LGUs on the different SDExH processes, reinforce the knowledge and practices learned during the SDExH workshops, monitor the implementation of SIPs, and develop a documentation plan for SDExH. HealthGov and DOH have developed a monitoring and coaching plan as well as a checklist that would help track the above activities.

- **Informed Choice and Voluntarism (ICV) Compliance Monitoring**

Informed choice and voluntarism promote client compliance, continued method use, and client satisfaction. Studies reveal that contraception use is highest when people have access to a range of contraceptive methods. Studies also show that clients who received the method they want are more likely to continue its use.

Adherence to the principles of ICV is an essential element in the provision of quality family planning services. To make certain that ICV compliance monitoring is understood by project LGUs, HealthGov integrates ICV orientation in SDIR/PIPH workshops. This means that even non-health people (e.g., budget officers, planning officers) are reached with information on ICV. Twelve project LGUs learned about ICV through SDIR/PIPH workshops. These consist of Albay; Bulacan; Bukidnon; Capiz; Bohol; Misamis Oriental; Davao del Sur; Zamboanga provinces: del Norte, del Sur, and Sibugay; Compostela Valley; and Sarangani.

In Negros Oriental and Misamis Occidental, both of which are F1 sites and have had their province-wide investment planning for health, ICV was integrated in SDExH workshops and discussed in the context of ensuring quality family planning services. Municipal health officers, public health nurses, rural health midwives, hospital staff, and the PHO numbering 77 in Negros Oriental and 64 in Misamis Occidental were oriented on ICV compliance monitoring.

To ensure compliance with ICV requirements, HealthGov and DOH agreed to integrate ICV in the latter's Responsible Parenting Movement (RPM) training. Integrating ICV with RPM will ensure the provision of complete information on a wide range of family planning methods, including natural methods, in the context of responsible parenting. At the same time, it will orient clients on fertility awareness, family relationship, and home management. Moreover, it provides a cost-efficient way of institutionalizing ICV compliance monitoring in the DOH system since the same set of personnel will be trained on ICV and RPM. As agreed, HealthGov will fund the training of trainers (ToT) and materials reproduction while DOH will support the roll-out training.

During the review period, HealthGov, POPCOM, and DOH developed the design for and conducted a two and a half day orientation training for would-be ICV and RPM trainers. HealthGov, PRISM, and SHIELD managed the first day of training on ICV compliance monitoring, while POPCOM and DOH handled the rest of the training. In all, 31 trainers from DOH-NCDPC (11), CHDs (14), and POPCOM (6) completed the orientation.

The orientation provided the participants with information on the National Family Planning Program, and the principles and practice of ICV as an element of quality services. The use of the monitoring and reporting tools for ICV compliance and responsible parenting was discussed and demonstrated. An important output of the orientation was the action plan on the rollout and monitoring of ICV compliance and RPM. The action plan prescribed the conduct of 18 rollout training for provincial FP coordinators and DOH Reps, and semestral

reporting of ICV compliance by RHUs, government hospitals, and city health offices.

DOH and POPCOM, together with their regional counterparts, rolled out the ICV-RPM training for provincial FP coordinators, CHD technical staff, and DOH Reps from Regions 2, 3, 4A, 4B, 6, 7, and 8. The 262 training participants are expected to train service providers in their respective areas. ICV-RPM training for other regions will be conducted in early October and the last two weeks of November.

ICV compliance without vulnerability or violations is reported to the PHOs, CHOs, and DOH-NCDPC. Cases of violations and vulnerability are reported directly to DOH-NCDPC. During the review period, HealthGov looked into a possible

violation of the Tiaht amendment in the municipality of Balagtas in Bulacan province. Reports indicated that the LGU provides *barangay* (village) health workers Php25 for bringing in bilateral tubal ligation (BTL) clients, and gives school supplies to children of BTL mothers. HealthGov's investigation showed there was no violation of the Tiaht amendment. The Municipal Population Officer decided to give a token amount to BHWs to reimburse transportation cost they incurred when they brought in BTL clients. School supplies were given not only to children of BTL clients but to all school children in the LGU.

To help the Balagtas health personnel better understand ICV compliance, HealthGov discussed with them the FP legislative and statutory requirements and how compliance will ensure quality services. The project also clarified each of the incidents that might pose vulnerability or possible violation.

Box 1
USAID technical assistance to HIV/AIDS high-risk cities

Technical assistance	USAID CAs responsible
Refining GFATM Round 6 proposal (governance, financing, surveillance)	HPDP
Reviewing IHBSS	HPDP, HealthGov, SHIELD
Developing promotion/IEC strategies	HealthPRO, HealthGov, SHIELD
Developing behavior change programs	HealthPRO, HealthGov, SHIELD
Implementing voluntary counseling and testing (VCT)	HPDP, HealthGov, SHIELD
Strengthening PNAC	HPDP
Assuring financing	HPDP, HealthGov
Continuing work with LGUs (11 high-risk cities, selected sites in ARMM)	HealthGov, SHIELD
Leveraging private sector support	PRISM, HealthGov, HPDP, SHIELD
Operationalizing M&E	HPDP, HealthGov, SHIELD

Improving Local Response to HIV/AIDS and Avian Influenza

- **HIV/AIDS**

During the quarter under review, the HIV/AIDS Technical Working Group composed of USAID and the CAs — A2Z, HealthGov, HPDP, PRISM, SHIELD-ARMM, and TB LINC — identified 10 areas of technical assistance that will be provided to high-risk zones. The HIV/AIDS data collected in the previous quarter in 11 high-risk cities — Angeles, Pasay, Quezon, Iloilo, Bacolod, Cebu, Mandaue, Lapu-Lapu, Zamboanga, General Santos, and Davao — informed the selection of this TA. The different TA and the CAs responsible for each are listed in Box 1.

Responding to the feedback of Social Hygiene Clinic personnel on the absence of a program implementation review, DOH-NCDPC with the Department of the Interior and Local Government initiated an HIV/AIDS Service Delivery Implementation Review for 25 government and non-government organization participants from the 11 high-risk cities. HealthGov supported the review and developed five tools to produce site-specific acceleration/2008 investment plans to improve health governance, financing, service delivery, and regulation.

In support of the DOH Second Generation HIV Surveillance, HealthGov participated and provided TA in the 2007 Integrated HIV Behavioral and Serologic Surveillance (IHBSS), specifically during the pre-surveillance phase and data gathering in the cities of Cebu, Mandaue, and Lapu-Lapu. Likewise, HealthGov participated and provided TA in the DOH-led workshop on population size estimation for HIV at-risk populations.

- **Avian influenza (AI)**

During the review period, two Service Delivery Coordinators (SDCs) of the project participated in a study tour to observe, learn from, and adapt as appropriate Indonesia's experience in implementing an AI community-based early warning system. The five-day study tour afforded the participants first-hand knowledge of an AI surveillance and reporting strategy that fosters community involvement, promotes partnership with local NGOs with strong volunteer networks, implements a strong behavior change communication (BCC) program, and provides continuing technical support through master trainers. The strategy involves recruiting and training village volunteers who are at least high school graduates to report bird deaths immediately to the Participatory Disease Surveillance Team at the district level, conduct spot mapping, disseminate AI information, write reports on AI control activities, and properly use the personal protection equipment. The strategy also uses interpersonal communication materials, mass media, and media advocacy to increase awareness of AI prevention among high-risk groups.

As follow-on steps, the two SDCs revisited the available tools on AI early warning system (EWS) previously developed through USAID assistance, and improved them to reflect practices gleaned from the study tour and deemed appropriate in

the Philippines. The enhanced EWS tool was pilot-tested in two training workshops held in Angeles City on 9-10 August and in General Santos City on 14-15 August. The SDCs assessed the tool together with workshop participants from the agriculture, veterinary, quarantine, health offices, and local governments at the regional, provincial, and municipal/city levels. The resulting tool was a simpler means of reporting suspected AI cases in birds and humans. It allows vital information on sudden unexplained bird deaths, exposure to dead birds, and increase in flu-like symptoms in humans to be reported verbally or through a hotline to the *barangay* (village) AI team. The reporting tool will be pretested and later pilot-tested in several barangays before its use is rolled out in other sites.

Following the developments above, HealthGov will develop a community-level AI training module, including a trainers' guide and a participants' training module. To help promote AI awareness, the project will invite private companies to join the campaign for AI awareness. It will also review existing IEC materials on AI and adapt them, as appropriate, for local use. Lastly, HealthGov will work with the National AI Task Force to get its approval of the roll-out training on and establishment of an early warning system in identified high-risk areas.

Coordinating with Partners and Other Stakeholders

During the review period, HealthGov participated in the drafting and finalization of the maternal, newborn, and child health and nutrition (MNCHN) policy framework. To press MNCHN forward, the MNCHN Technical Working Group has identified and drafted four main components of action, as follows:

- a) **Service package:** declaring universal access to a standard maternal and newborn health service package as a basic right of all women of reproductive age. The service package consists of emergency obstetric and essential newborn care, and public health measures.
- b) **Service delivery module:** Customized adaptation at all localities of a specific service delivery module capable of providing the service package to the intended beneficiaries. The service delivery module is based on a service area with 500,000 population served by a comprehensive emergency obstetrics and newborn care center, associated network of basic emergency obstetrics and newborn care centers, and community-based provision of public health interventions.
- c) **System development instruments:** Organized application of health systems development instruments designed to induce all localities to create and sustain their respective service delivery modules providing the service package to everyone. The systems development instruments consist of the regulatory, financing, and governance mechanisms that will enable localities to set up and sustain their service delivery modules.
- d) **DOH and PhilHealth capacities:** Rapid build-up of institutional capacity requirements at DOH and PhilHealth as the two lead national government agencies applying the corresponding systems development instruments. DOH and PhilHealth capacities include the technical, organizational, financial,

and human resources necessary to effectively apply the systems development instruments nationwide.

IR 1.3 activities planned for 1st Quarter Year 2

- Continue SDExH modeling
- Continue to provide TA on ICV during the training conducted by DOH-NCDPC and CHDs
- Provide high-risk cities with TA in the development of a guide on strategic and investment planning for HIV/AIDS
- Assess AI high-risk areas for the presence of avian influenza

IR 1.4 Increasing Advocacy on Service Delivery and Financing

HealthGov's TA in building partnerships for health between and among local officials, LGU health staff, regional partners, and civil society groups is expected to help push forward local health reforms and contribute to the achievement of desired health outcomes. During the review period, the project's technical assistance helped put in place HSR/F1 consumer-participation strategies based on local needs and current level of partnerships in the project sites. These strategies include –

- 1) engaging local stakeholders not only in LGU health investment planning but also in building stakeholder support for implementing the plan;
- 2) preparing NGOs, civil society groups, and LGU officials for evidence-based participatory decision-making (EPDM) by making them understand and appreciate the provincial health situation and challenges as well as their roles in health sector reform; and
- 3) setting up appropriate partnership mechanisms that are flexible, motivating, and directed toward meaningful involvement of stakeholders in health policy-making, planning, implementation, and monitoring and evaluation.

During the quarter under review, HealthGov together with PNGOC provided PHOs and NGO conveners TA in the conduct of nine local NGO/CSO forums on health and seven provincial partnership-building workshops. Table 2 summarizes these activities.

The province-wide NGO/CSO forums were conducted in Cagayan, Nueva Ecija, Tarlac, Albay, Negros Occidental, Aklan, Davao del Sur, and Sarangani. These forums sought to orient local NGOs, other private groups, and Local Development Council representatives on health sector reform/F1, PIPH, local health situation and challenges, and LGU mechanisms for NGO/CSO participation in local special bodies. The NGO/CSO forums enabled the participants to identify their roles in health, particularly in the context of evidence-based participatory decision-making. Most importantly, the participants committed to get involved in SDIR and health investment planning, pursue

constituency-building to broaden multi-stakeholder support to and secure mandate to implement the MIPH/PIPH, and validate through focus group discussions or community forums the health situation presented to them.

The provincial partnership-building workshops were conducted in four F1 sites — Pangasinan, Bulacan, Negros Oriental, and Misamis Occidental — and three provinces that have started to craft their MIPH or PIPH, namely Bukidnon, Agusan del Norte, and Misamis Oriental. In F1 sites where local stakeholder participation was not maximized during the PIPH formulation, the workshops aimed to build support to PIPH implementation. On the other hand, for the second group of provinces, the workshops provided a mechanism to generate ownership of and support to the plan.

Table 2
16 provinces participated in partnership-building activities

Province type	Province	Date/ Venue	NGOs/ CSOs	LGU officials/ Health staff	Regional partners	Other CAs	Total
Province-wide NGO/CSO forum on health							
F1 rollout sites	Albay	11-12 Sept Albay	29	2	2		33
	Zamboanga Sibugay	20-21 Sept Ipil	9	10	2		21
	Sarangani	7 Sept Gen. Santos City	18	2	2	1	23
Other provinces	Cagayan	6-7 Sept Tuguegarao City	20	7	5		32
	Nueva Ecija	19-20 Sept Muñoz	16	8	6		30
	Tarlac	24-25 Sept Tarlac City	28	4	2		34
	Negros Occidental	24 Sept Bacolod City	26	4	1		31
	Aklan	10-11 Sept Kalibo	19	6			25
	Davao del Sur	27-28 Sept Davao City	14	8	4		26
Province-wide partnership-building workshop							
F1 sites	Pangasinan	20-21 Sept Lingayen	36	19	16	1	72
	Negros Oriental	20-21 Sept Dumaguete City	33	30	4	1	68
	Misamis Occidental	24-25 Sept Oroquieta City	35	31	4		70
Other provinces	Bulacan	17-19 Sept Angeles City	25	24	7	1	57
	Bukidnon	11-13 Sept Valencia City	25	3	1		29
	Agusan del Norte	4-5 Sept Butuan City	26	5	8		39
	Misamis Oriental	16-17 Sept Cagayan de Oro City	13	18	3		34

Results of the partnership-building activities conducted in September bode well for LGU–NGO/CSO collaborative support to health. These results are summarized below:

☑ Fostered partnerships between and among LGU health staff and NGOs, CSOs, and community groups

BULACAN

- Organized the *Bantay Kalusugan ng Bulacan* (Bulacan HealthWatch) to boost community-led health advocacy and monitoring
- SP Committee Chair for Health pledged full support to the province's health program, the PHO, and the Bulacan HealthWatch

MISAMIS OCCIDENTAL

- LGU health staff, NGOs, and people's organizations signed a partnership covenant that will be presented the Governor's provincial summit/alliance

BUKIDNON

- Agreed to actively participate in the presentation of the PIPH in the Provincial Development Council as part of PIPH legitimization
- Will strengthen mechanisms to ensure stakeholder participation in PIPH implementation and monitoring health policy-making

ZAMBOANGA SIBUGAY

- Agreed to –
- mainstream health agenda in barangay, municipality, and provincial development plans and integrate health in agriculture, environment, and women and children's concerns
 - organize a barangay health watch that will lead community action and advocacy for health
 - identify and capacitate local health advocates
 - disseminate health information
 - participate in the Provincial Development Council

DAVAO DEL SUR

- Community-based NGOs will constitute an assembly that will discuss, with NGO/private sector representatives in the PHB and the PIPH planning committee, constituency-building and policy agenda-setting for health
- Will conduct FGDs with tribal women leaders to determine health concerns, results of which will inform proposals for policy action and culture-sensitive health interventions

PANGASINAN

- Organized the *Aleguas na Laman na Pangasinense* (good health for Pangasinenses), an advocates-led movement espousing better health for the people of Pangasinan; committed to pursue the ideals of the movement through a Partnership for Health covenant
- The Governor will convene the Provincial Health Board (PHB) for the first time ever
- Pangasinan Federation of NGOs is assured of a seat in the PHB

☑ Fostered partnerships between and among LGU health staff and NGOs, CSOs, and community groups (cont'd)

SARANGANI

- Local NGOs and the PHO will find a mechanism to facilitate LGU-NGO coordination and partnership most suited to their needs and the peculiarities of the province
- The PHO and NGOs will follow up on the NGO/PO/private sector representation in the Local Health Board and the Local Development Council

NUEVA ECIJA

- Organized an ad hoc committee that will 1) refine a resolution on NGO/CSO partnership with the LGUs in the province, and 2) prepare for the official launching of the network of women and multi-sectoral representations from grassroots organizations in the province

AGUSAN DEL NORTE

- An ad hoc committee composed of the PHO, PHTL, and five NGO representatives will discuss workable mechanisms for health partnerships at the provincial, municipal, and city levels

MISAMIS ORIENTAL

- NGOs will backstop the NGO/private sector representative of the Provincial Development Council and Local health Board, and involve themselves in health decision-making and health service delivery

☑ Secured LGU officials' commitment to and support for health

HealthGov's TA during the review period focused on securing the support of reelected and newly elected local officials who assumed their position on 1 July 2007. Together with CHDs, PHOs, and in some instances the LGU leagues, the project designed the format and content of orientation sessions that will help LCEs better understand local governance for health.

In general, the LCE orientations were short, about three hours at most, and always included the participation of the CHD, the PHO, and USAID CAs. A presentation on the local health situation provided the anchor for the discussions on health as a component of development, health sector reform, DOH's FOURmula ONE for health framework, province-wide investment planning for health, evidence-based participatory decision-making, and USAID's technical assistance program. The orientations generally achieved the objectives of helping LCEs 1) recognize and affirm their roles as health stewards; 2)

appreciate the health situation in their province, the health challenges they need to address, and the relevance of health sector reform in this regard; and 3) commit to invest in health and give the mandate to prepare their health investment plan.

Results of the orientations conducted during the review period in 15 provinces are listed below:

Table 3
Majority of LCEs gave the mandate to plan for health

Province type	Province	Date/Activity	Participants	LCE action
F1 sites	Capiz	16 July: LCE orientation	Governor, 11 of 17 municipal mayors, 8 SP members	Signed commitment to promote good governance in the local health system; support and ensure delivery of basic quality health services; forge partnerships for health; approve legislations in support of health; involve the communities in health planning, implementation, and monitoring
	Negros Oriental	1 August: LCE orientation	Governor, 14 municipal mayors, SB chair on health, CHD, PHO, DILG-7, USAID CA	League of Municipalities of Negros Oriental committed to support the province's health programs and PIPH implementation
	Pangasinan	19 September: Inter-CA courtesy visit to the Governor	Governor, Provincial Administrator (PA), PHO, USAID CAs	Enjoined donors in the province to participate in collaborative health ventures
F1 rollout sites	Albay	11 July: Courtesy visit to the Governor 21 August: LCE orientation with municipal mayors	Governor, municipal LCEs	Issued the mandate to plan the PIPH; LCEs signed a pledge of commitment to pursue HSR/F1
	Isabela	July: Courtesy visit to the Governor 27 August: LCE orientation	Governor, PA, program managers, PHTL, CHD, LHD chief	Gave approval of the conduct of SDIR and LCE orientation on HSR/F1/PIPH

Table 3
Majority of LCEs gave the mandate to plan for health (cont'd)

Province type	Province	Date/Activity	Participants	LCE action
F1 rollout sites	Compostela Valley	28-29 August: Regional health summit	Governor, mayors, MHOs, PHO	Governor issued an Executive Order organizing and operationalizing the Provincial Investment Planning Committee for Health; committed to pursue health sector reforms using the F1 frame and the PIPH as tool in health investment planning
	Sarangani	3 September: LCE orientation	Governor, 7 municipal mayors, all SP members, 7 SB on health, 7 SB on appropriation, 7 MHOs, PPDO, USAID CAs	Governor issued a mandate to plan the PIPH
	Zamboanga Sibugay	10 September: LCE orientation cum health summit	Governor, Vice governor, SP members, PPDO, PBO, 16 municipal mayors and vice mayors, SB chair on health, MHOs	Governor and mayors signified their support and commitment to health by signing a health covenant
Other provinces	Negros Occidental	12 July: LCE orientation	27 of 31 municipal mayors, 9, ABC president	Mayors signed commitment to promote good governance in the local health system, support and ensure delivery of basic quality health services, forge partnerships for health, approve legislations in support of health, set health as priority, invest in health
	Tarlac	17 July: LCE orientation	Governor, Vice governor, SP members, 18 municipal/city officials, CHD, PHO, program managers	Governor affirmed support to health investment planning by endorsing pre-planning activities, including SDIR

Table 3
Majority of LCEs gave the mandate to plan for health (cont'd)

Province type	Province	Date/ Activity	Participants	LCE action
Other provinces	Aklan	31 July: Municipal mayors orientation	9 of 17 municipal mayors	Mayors signed commitment to promote good governance in the local health system, support and ensure delivery of basic quality health services, forge partnerships for health, influence the passage of legislations in support of national health laws
	Nueva Ecija	9 August: LCE orientation	Governor, SP and SB members, CHD, PHO, hospital chiefs	Governor enjoined his team to study further the health investment planning scheme for the province
	Davao del Sur	28-29 August: Regional health summit	Governor, mayors, PHO, MHOs	Governor issued an Executive Order organizing and operationalizing the Provincial Investment Planning Committee for Health; committed to pursue health sector reforms using the F1 frame and the PIPH as tool in health investment planning
	Cagayan	29 August: LCE orientation	Governor, PHO	Governor expressed commitment to health and willingness to pursue partnership for health

Promoted understanding of LGU structures and mechanisms for NGO/CSO participation in local governance

Partnership-building workshops conducted during the review period featured a discussion of LGU structures and mechanisms for NGO/CSO participation in local governance. Presented by representatives from the Department of the Interior and Local Government (DILG) regional office, these discussions highlighted the basic concepts of and rules of engagement in participatory governance. Areas of NGO/CSO/private sector participation were cited, including

1) representation in local special bodies, 2) identification of sectoral representatives in local legislative bodies, and 3) ensuring accountability of leaders through mandatory consultations and public hearings.

These discussions enlightened not only NGO/CSO representatives but LGU health staff and DOH Reps as well on participation mechanisms and procedures. These inputs will help them advocate for the creation or reconstitution of the local health board and inform their involvement in governance for health.

To date, 20 of the 23 HealthGov-supported provinces have an NGO/PO/private sector representative in their respective newly convened provincial health board (Table 4).

IR 1.4 activities planned for 1st Quarter Year 2

- Provide technical assistance to develop the capacity of local partners in advocacy and partnership-building
 - Assist partners in developing health advocacy strategies
 - Develop tools for partnership and constituency-building for health
- Monitor NGO/CSO participation in provincial development councils, provincial health boards, ILHZ, and other health-related committees

Table 4
20 HealthGov-supported provinces have NGO/PO/Private sector representatives in their provincial health board

	Province	NGO/PO/Private sector representative in the provincial health board
F1 sites	Pangasinan	Pangasinan Federation of NGOs
	Misamis Occidental	Himaya and Federation of Women's Associations
	South Cotabato	Provincial Council for Health Concerns (PCHC)
F1 Rollout sites	Isabela	Family Planning Organization of the Philippines (FPOP)
	Albay	MIDAS (as proposed by to PHO)
	Sarangani	Philippine National Red Cross
	Zamboanga Sibugay	Philippine Medical Society – Sibuguey Chapter
	Zamboanga del Sur	Philippine Medical Society
	Zamboanga del Norte	Philippine Medical Society
	Compostela Valley	Institute for Primary Health Care
	Other provinces	Cagayan
Nueva Ecija		Nueva Ecija Medical Society, FPOP Nueva Ecija Chapter
Tarlac		Tarlac Medical Society
Bulacan		FPOP
Aklan		Uswag Development Foundation
Bohol		PROCESS Bohol
Misamis Oriental		German Doctors, Philippine Medical Society – Misamis Oriental Chapter
Agusan del Norte		Philippine Medical Society – Agusan del Norte Chapter, Philippine National Red Cross
Bukidnon		Philippine Medical Society – Bukidnon Chapter
Davao del Sur		Cor Jesu, Philippine Medical Society – Davao del Sur Chapter

6. Monitoring and Evaluation (M&E)

6.1 Baseline Data Collection and Target Setting

Further refinements in the OP indicator values were done during the fourth quarter utilizing other sources of data deemed more appropriate and readily available considering the need for the regular updating and assessment of the health outcomes and service utilization trends as influenced by the HealthGov and other CAs' interventions. Targets for the first thru the fifth year of HealthGov implementation were set using the new set of baseline data, most of which were taken from FHSIS.

Finalization of the set of project performance indicators and completion of the baseline data utilizing short-term researchers were likewise done during the fourth quarter. Data collected previously were validated before using them as baseline for target setting.

6.2 Preparation of the Situation Analysis Reports of 23 Provinces

Preparation of the situational analyses, which was led by the Communications and Documentation Specialist, required consolidation of available secondary data from existing reports, and those collected through the scoping activities, personal interviews with PHO staff, and review of records. A short-term hired researcher assisted in the collection of additional information on the four health programs (TB, FP-RH, MCH, and HIV/AIDS).

6.3 M&E Information Storage

HealthGov Performance Management Information System (PMIS)

The intent of the PMIS is to provide an efficient system for entering, managing, storing, and reporting HealthGov M&E data. The HealthGov PMIS has evolved with the development of the user interface and prototyping for the PMIS stand-alone. The PMIS will be integrated into the improved project website. The stand-alone PMIS data entry and reporting application as well as the data transfer mechanism is still being developed with inputs from the M&E Specialist. Guidance in the improvement of the project website, on the other hand, is being provided by the Communications and Documentation Specialist.

The MIS, IT and Communications and Documentation Specialists started undergoing training for the Drupal website maintenance, administration functions, and content management, where they were taught how to administer the site by changing the menus, modules, themes, control of the user functions; and how to upload articles, stories, key documents, and pictures.

HealthGov Training Management Information System (TMIS)

TMIS has been set up to keep track of all training participants' details (e.g., names, positions, office address, contact numbers and email address) with the incurred USAID cost and non-USAID cost-share of the activity. This is intended

to complement the USAID TRAINET which only covers the number, gender of participants, and the training costs.

Project activities documented in the TMIS for the fourth quarter (July-September 2007) were the following: LGU Program Implementation Review on HIV and STI, Training of Trainers on Responsible Parenthood and ICV, Service Delivery Implementation Review (SDIR), Provincial/Municipal Investment Plan for Health (P/MIPH) in different batches, Inter-local Health Zone Investment Planning, Contraceptive Self-reliance (CSR), Service Delivery Excellence for Health (SDExH), Resource Mobilization, Building Partnership, and Health Sector Review (HSR). Participants were LCEs and other local officials, staff of the provincial and municipal health offices, DOH Reps, DOH personnel, local NGOs/CSOs, and other CAs.

The TMIS report for July to September 2007 is summarized as follows:

	Number of Participants		
	Male	Female	Total
Manila	22	52	74
Luzon	173	356	529
Visayas	464	788	1,252
Mindanao	564	894	1,458
Advocacy	-	-	578
Total	1,223	2,090	3,891

M & E activities planned for 1st Quarter Year 2

- Conduct of the facility surveys to collect the OP indicators related to HIV/AIDS in the 11 high-risk cities
- Establishment of the HealthGov PMIS database and website
- Further refinement of the HealthGov M&E Plan
- Preparation of the HealthGov LogFrame
- Continuing data entry

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 1 July 1 through 30 September 2007

Cost Items	Life of Project Budget	EXPENDITURES	
		1 July 1- 30 Sept 2007	1 Oct 2006 - 30 Sept 2007
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Other Direct Cost			
Total Direct Cost			
Indirect Cost			
Total USAID Funding			
Non-Federal Contribution			
Total Program Amount			

Expenditures for the last quarter of FY 07 totaled \$ resulting in a cumulative expenditure total of \$ for the fiscal year. The last quarter expenditures increased by over the last quarter as project activities gained momentum from the last quarter, and as more project staff were hired to fill in the staffing requirements for both the central and regional offices. By end of the quarter, the project had spent of its initial fund obligation of \$ at an average monthly burn rate of \$.

Pending the approval of RTI's request for a waiver to purchase a project vehicle from Geographic Code 935, the project expects to make the purchase in Year 2. Year 2 also expects to complete the hiring of the remaining project staff for the positions established in Year 1.