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Strengthening Local Governance for Health (HealthGov) Project

Second Quarterly Report, Year 2 1 January to 31 March 2008

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List of Acronyms

AI	avian influenza
AIDS	acquired immunodeficiency syndrome
AO	administrative order
ARMM	Autonomous Region in Muslim Mindanao
BHW	<i>barangay</i> (village) health worker
BLHD	Bureau of Local Health Development
CA	cooperating agency
CBEWS	community-based early warning system
CDLMIS	Commodity Distribution and Logistics Management Information System
CDR	case detection rate
CEDPA	Centre for Development and Population Activities
CHD	Center for Health Development
CHLSS	Community Health and Living Standards Survey
CHO	City Health Office/Officer
CLASP	Citizens Legislative and Sectoral Parliament
CLGU	city local government unit
CNR	case notification rate
CPDO	City Planning and Development Office/Officer
CPR	contraceptive prevalence rate
CSO	civil society organization
CSR	contraceptive self-reliance
DA	Department of Agriculture
DENCAP	Dental Civic Action Program
DILG	Department of the Interior and Local Government
DOH	Department of Health
DOH Rep	Department of Health representative
DSSM	direct sputum smear microscopy
EBL	evidence-based legislation
EO	executive order
EPI	Expanded Program on Immunization
EQA	external quality assurance
F1	FOURmula ONE for Health
FHSIS	Field Health Services Information System
FIC	fully immunized children
FP	family planning
FSW	female sex worker
FY	fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HealthGov	Strengthening Local Governance for Health Project
HealthPRO	Health Promotion and Communications Project

HEPO	Health Education and Promotion Officer
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HPDP	Health Policy Development Project
HSR	health sector reform
HSRA	Health Sector Reform Agenda
ICV	informed choice and voluntarism
IEC	Information, education, and communication
IHBSS	integrated HIV/AIDS behavioral and serological surveillance
ILHZ	inter-local health zone
IPC/C	interpersonal communication and counseling
IPHO	integrated provincial health office
IR	intermediate result
ISFP	integrated strategic and financial plan/planning
IT	information technology
LCE	local chief executive
LEAD	Local Enhancement and Development for Health Project
LGU	local government unit
LHAD	Local Health and Development
LHB	local health board
M&E	monitoring and evaluation
MCH	maternal and child health
MEDCAP	Medical Civic Action Program
MHO	Municipal Health Officer/Officer
MIPH	municipal investment plan for health
MLGU	municipal local government unit
MPO	Municipal Planning Office/Officer
NGO	non-government organization
NSV	no-scalpel vasectomy
OP	operational plan
PC	Provincial Coordinator
PFNGO	Pangasinan Federation of Non-government Organizations
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
PIR	program implementation review
PLGU	provincial local government unit
PMG	Project Management Group
PMIS	Performance Management Information System
PO	people's organization
POPCOM	Commission on Population

PPA	program, project, activity
PPDO	Provincial Planning and Development Office/Officer
PRISM	Private Sector Mobilization for Family Health Project
PSEP	Public Service Excellence Program
PSWDO	Provincial Social Welfare and Development Office
RH	reproductive health
RHM	Rural Health Midwife
RHU	rural health unit
RPM	Responsible Parenting Movement
RTI	Research Triangle Institute
SB	<i>Sangguniang Bayan</i> (municipal legislative council)
SDExH	Service Delivery Excellence for Health
SDIR	Service Delivery Implementation Review
SHC	social hygiene clinic
SHIELD	Sustainable Health Initiatives through Empowerment and Local Development Project – Autonomous Region in Muslim Mindanao
SOAg	Strategic Objective Agreement
SP	<i>Sangguniang Panlalawigan</i> (provincial legislative council)
SS	<i>Senrong Sigla</i> (center of excellence)
STI	sexually transmitted infection
TA	technical assistance
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
TOR	terms of reference
TOT	training of trainers
TT2+	tetanus toxoid 2 plus
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

1. Introduction

RTI International and its partners are pleased to submit this second quarterly report for the second year of 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 January to 31 March 2008. It presents progress made against planned activities for project management and implementation, and provision of technical assistance (TA) to the Department of Health (DOH) and its Centers for Health Development (CHDs), the 23 provincial project sites, selected municipal and city government units (M/CLGUs), and other counterparts, including civil society and NGO partners. Issues and concerns encountered during the report period and anticipated activities for implementation in the third quarter are also outlined in the report.

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

Significant progress was made in accomplishing the targets set for the second year. Two critical vacancies on the team were filled: the Monitoring and Evaluation (M&E) Specialist and the Regional Coordinator for Luzon.

Following is a summary of the technical assistance provided during the reporting period:

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

1. Province-wide Investment Planning for Health (PIPH) – Continued the provision of TA to seven F1 rollout provinces in Mindanao and Luzon, namely Zamboanga Peninsula provinces (Norte, Sur, Sibugay), Compostela Valley, Sarangani, Albay, and Isabela, towards the completion of the PIPH process, including preparation for CHD and Joint Appraisal Committee review; also assisted *other* provinces, particularly Aklan and Negros Occidental, in the completion of their PIPH following the same track of the rollout sites; developed tools for use in the review of the PIPHS; convened inter-CA review of PIPH documents
2. Contraceptive Self-reliance (CSR) – Provided TA through the review of CSR implementation component of the PIPHS of the rollout sites as well as five non-HealthGov sites; provided follow-on TA to Bulacan in the completion of its CSR assessment; developed commodity forecasting tools using population-based and consumption-based methods; developed CSR planning tools which include client classification, financing, budget and resource mobilization, procurement and logistics, public-private partnership, and referral
3. Procurement and logistics system – Provided TA to Zamboanga del Norte in developing the tool for the conduct of a commodity stock and procurement inventory, to Bulacan and Pangasinan in integrating the logistics component of their CSR assessment, and to Compostela Valley and Isabela in reviewing the procurement and

logistics management components of their PIPHs; enhanced the contents of the integrated logistics management tool kit for use by LGU staff

4. Local health information systems – Provided TA to Misamis Occidental in the development and pretesting of the Community Health and Living Standards Survey (CHLSS) questionnaire, and planning for the implementation of the survey; provided orientation on CHLSS to the Governor and other LGU staff of South Cotabato
5. Local health systems strengthening – Provided TA to Misamis Oriental in assessing the functionality of the province’s four inter-local health zones (ILHZs) to respond to cross-border concerns related to disease-free zone, referral system, personnel sharing, disease surveillance, planning, and M&E

IR 1.2 Improving and Expanding LGU Financing for Health

6. Financing and resource mobilization for health programs – Provided TA to rollout provinces on ways to generate savings and secure funds for health impact activities; provided inputs to the costing of activities in the PIPH of these provinces; identified financing-related gaps and recommended actions to bridge these gaps
7. Universal PhilHealth coverage – Developed procedure to estimate eligible indigents for enrollment using population and poverty indices; applied the procedure in PIPH preparation
8. Public finance management – Developed Public Finance Management Self-Assessment Checklist to help LGUs document the processes and flow of financial transactions in F1 sites

IR 1.3 Improving Service Provider Performance

9. Service Delivery Implementation Review (SDIR) – Based on the implementation of SDIR in the first year, enhanced the tools and introduced their use in Bohol, Negros Oriental, Aklan, Pangasinan, Agusan del Norte, Negros Occidental, and Capiz; provided follow-on TA in managing SDIR results, particularly in the implementation of service acceleration plans
10. Service Delivery Excellence in Health (SDExH) – Completed SDExH workshops in Oroquieta Inter-local Health Zone (ILHZ) of Misamis Occidental and Metropolitan ILHZ of Negros Oriental; initiated the evaluation of the SDExH approach; reviewed and enhanced the training modules and developed the operational guide; started planning for its expansion, including the training of trainers
11. Informed choice and voluntarism (ICV) – Provided ICV orientation to 308 individuals that included LCEs, LGU health personnel, and CHD and PHO technical staff; monitored ICV compliance among 68 service providers and 25 clients in 38 health facilities
12. HIV/AIDS – Provided TA to 11 high-risk cities in integrated strategic and financial planning for their respective HIV/AIDS program

13. TB – Gathered TB data in non-TB LINC provinces for use in the development of project interventions in these provinces
14. Avian influenza (AI) – Developed a rollout plan and tools for the provision of TA in AI preparedness planning and community-based early warning system (CBEWS) installation in AI high-risk areas; rolled out the training of CBEWS in General Santos City

IR 1.4 Increasing Advocacy on Service Delivery and Financing

15. Partnership building – Provided technical assistance to LGU-NGO/civil society partnership-building activities in 14 provinces; provided advocacy support to the project's major TA activities: PIPH formulation, CSR implementation, achieving universal PhilHealth coverage, and AI preparedness, to ensure the participation of other stakeholders and civil society in planning and implementing interventions

Collaboration with partners and stakeholders

16. Collaborated with DOH and other USAID CAs by leading and participating in the various meetings of technical working groups as well as other project-related activities

3. Issues and Concerns Encountered During the Report Period

During the report period, the major focus of technical assistance was provided to the F1 rollout sites to enable them to complete their PIPH documents in time for the DOH CHD assessment and eventually the Joint Appraisal Committee (JAC) review originally scheduled in March. The varying degree of response and assistance provided by CHDs to the provinces left HealthGov with the major responsibility for assisting the rollout sites in completing the required PIPH documents on time. This necessitated organizing unplanned activities like more review meetings with PHOs and provincial-level LGU staff and several inter-CA reviews of the documents. For example, the first inter-CA review of the PIPH revealed the need for major revisions. The PHOs' handicap in writing acceptable documents did not help the situation. HealthGov mobilized both internal and external experts to assist the rollout sites revise their documents. Needless to say, while the technical staff were concentrating on providing TA to the rollout sites, the *other* provinces in Luzon and Mindanao suffered delay in the implementation of some activities for the period.

In the succeeding quarter, the project team will conduct an internal mid-year review of the annual work plan to ascertain which activities need to be facilitated and which provinces need catch-up planning. Thereafter, HealthGov will draw up with a realistic timetable for the major TA interventions for the remainder of the year.

4. Major Project Activities Planned for the Next Report Period (Third Quarter)

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

- Develop, in collaboration with HPDP, guidelines on the preparation of annual operational plan (AOP)
- Finalize PIPH guidelines and sub-guidelines for incorporation in the CHD Toolkit
- Finalize CSR LGU planning and implementation guidelines for incorporation in the CHD Toolkit
- Finalize and incorporate CHLSS tool in the CHD Toolkit as another LGU option; continue to provide TA in the implementation of CHLSS in Misamis Occidental
- Develop evidence-based legislation (EBL) orientation materials and draft guidelines

IR 1.2 Improving and Expanding LGU Financing for Health

- Finalize and incorporate universal PhilHealth coverage tools in the CHD Toolkit
- Compile and disseminate to LGUs fund windows for health
- Draft, in collaboration with HPDP, guidelines for preparing proposals for accessing external funding

IR 1.3 Improving Service Provider Performance

- Complete the assessment of the SDExH pilot testing, and develop a plan of action to expand the number of provinces to be covered by SDExH implementation
- Package and finalize the SDExH tools, including the operational guide and the training materials
- Finalize the revised version of SDIR and develop a facilitators' guide
- Update the Family Planning Competency-based Training Manual and Public Health Nurse (PHN) Supervision Training Manual
- Provide the cities of Pasay and Mandaue follow-on technical assistance to complete their HIV/AIDS integrated strategic and financial plan (ISFP)
- Provide LGUs with AI critical areas technical assistance on AI prevention and preparedness planning, and training on community-based early warning system
- Develop province-specific TA plans for TB and MCH in HealthGov project sites to address USAID operational plan (OP) indicators
- Develop an HIV/AIDS collaboration framework for Metro Cebu

IR 1.4 Increasing Advocacy on Service Delivery and Financing

- Provide technical assistance to:

- LGUs in using SDIR results for advocacy with LCEs in low-performing areas
- focal NGOs in the conduct of community focus group discussions or consultations to validate SDIR results and determine the best way to mobilize local leaders to implement their acceleration plan
- secure broad support for the implementation of local HIV/AIDS plans in sentinel sites
- ensure participation of local NGOs and community/sectoral leaders in the development of LGU preparedness plans, establishing and implementing CBEWS, and operationalizing local AI task forces
- Ensure CSO participation in CSR reviews and planning; PIPH planning in Bohol, Tarlac, Nueva Ecija, Cagayan, and Bulacan; and in formulating the annual operational plan of F1 rollout sites
- Complete the inventory of local health boards (LHBs), including profiling and capacity assessment of NGO/CSO representatives in LHBs

5. Detailed Description of Activities Conducted During the Report Period

5.1 Project Management

Organization and Team Development

During the quarter under review, the position of M&E Specialist was filled by Hector Folloso who assumed office on 16 January 2008. On 3 March, Dr. Francisca Cuevas joined the project team as Regional Coordinator for Luzon.

As a follow-on to the agreements made during the staff cross-training held in December 2007, another training focusing on HealthGov's M&E indicators was held on 21-22 February. The cross-training was designed to enable the technical and field operations staff to:

1. situate the HealthGov M&E system in the USAID SOAg framework
2. understand and appreciate the uses of the different indicators for TB, micronutrient supplementation, MCH, family planning, HIV, and AI, including the computation of some formulas
3. define the roles of the HealthGov staff in M&E, particularly in data collection
4. understand the Performance Management Information System as a tool for organizing, retrieving, and analyzing data
5. identify the data sources, particularly the Field Health Services Information System (FHSIS), for the different indicators
6. determine a feedback mechanism for different stakeholders, including the types of reports needed, frequency of reporting, and the reporting structure
7. determine the connection between TA interventions and operational plan (OP) and HealthGov performance indicators
8. agree on the protocol for ICV compliance monitoring
9. identify issues in and solutions to enhance the HealthGov M&E system

Other CAs, namely HPDP, TB LINC, SHIELD, and A2Z sent their M& E staff to participate in this activity. Among the immediate next steps, the revision of the project's performance indicators was identified as the most crucial. This revision includes the review and finalization of the performance indicators based on the reframed framework presented by LGU Governance Team Leader Dr. Alejandro Herrin, recasting of the HealthGov M&E system based on the final performance indicators, and review of the Gantt chart for each provincial TA plan based on the log frame presented by Dr. Herrin.

On 25-27 March, the Chief of Party attended the USAID Avian Influenza Partners Meeting in Bangkok, Thailand. Organized by USAID's Regional Development Mission/Asia, the meeting brought together some 70 partners from countries in the region that have been affected by or are at risk of AI, including Indonesia, Thailand, Vietnam, and other countries in the Mekong sub-region. The meeting discussed many aspects of avian and pandemic influenza, including pandemic preparedness, animal and human surveillance and response, cross-border collaboration, and M&E. Although to date the Philippines has remained free of AI, the country is considered at risk of the disease due to exposure to migratory birds and infected smuggled birds and poultry from neighboring countries.

CEDPA HealthGov staff members Filipina Santos and Annabelle Jayco attended a one-week coaching workshop at the Washington CEDPA office. The workshop, held on 10-14 March, is part of CEDPA's privately funded capacity-building activities. Deemed appropriate for increasing the advocacy skills of HealthGov advocacy staff, scholarships for the workshop were provided to the abovementioned staff, which will be reflected as part of CEDPA's cost-share contribution to the project.

During the workshop, Ms. Santos and Ms. Jayco met repeatedly with Ms. Imelda Feranil to discuss how the CEDPA approach to coaching could be used to facilitate HealthGov partners' rapid uptake of and ability to provide advocacy TA to other partners in the field. These meetings were also used to brainstorm with Ms. Feranil on how best to address the HealthGov Project Management Group's (PMG) concern that advocacy should be clearly integrated into the various project components rather than appear as a stand-alone approach.

The practice of holding regular weekly meetings was maintained by PMG and separately by the regional teams. These meetings served as a venue to discuss project implementation progress and address specific issues and concerns that require immediate attention. During this review quarter, PMG held separate meetings with the Mindanao and Visayas project teams. The meetings, held in Davao and Iloilo, respectively, provided the field teams the opportunity to present their TA action plans, and solicit PMG's comments and endorsement.

Corporate Management and Technical Support Visit

As part of the global rollout of RTI's Manager Essentials training, HealthGov's management and supervisory staff attended the first in-person international training course. These staff consisted of the COP, Deputy Chief of Party, Governance Team Leader, Health Programs Team Leader, Field Operations Team Leader, Finance and Administrative Manager, Regional Coordinators, and the Office Manager. Held in Manila, the day-long session focused on two related topics: *Essentials of Leadership* and

Reviewing Performance Progress. Essentials of Leadership is a prerequisite to all seven courses offered at RTI. The training was sponsored by RTI Organization Development and Learning and facilitated by Design Dimension International Philippines.

During this report period, technical assistance was provided by the following experts from RTI International and JPHIEGO:

Dr. Edgar Nicochea, JPHIEGO's Senior Advisor for Quality and Performance Improvement, visited the project from 25 March to 5 April. The purpose of his short-term TA was to provide technical inputs/directions in the evaluation, scaling up, and institutionalization of SDExH. This TA included among others, overall technical direction for the improvement of the SDExH approach and development of an operational guide for its implementation. The results of this visit will be reported in more detail in the next quarter.

Gordon Cressman, RTI's IT Program Senior Director, visited the project from 19 February to 5 March. The primary objective of this visit was to review the status of the work by the local subcontractor on the HealthGov Performance Management Information System (PMIS), and to recommend and prioritize specific adjustments and timetable for completing and deploying the system. The secondary objective was to inform and advise USAID and the members of the M&E Technical Working Group (TWG) on the potential of PMIS as a common system for collecting, managing, and reporting USAID OP indicators.

Mr. Cressman found acceptable the progress made on PMIS and the performance of the subcontractor. He indicated that agreements reached on key structural assumptions should enable development to proceed while HealthGov's M&E indicators are being revised. Essential PMIS functions should be completed and in use by provincial coordinators before the end of April 2008. PMIS is potentially useful to other USAID CAs but this should be explored further once its essential functionality has been proven.

Together with the M&E Specialist and MIS Specialist, Mr. Cressman visited Tarlac to assess the capacity and conditions at the provincial and municipal levels as well as data quality of and reporting problems related to FHSIS.

Mr. Cressman recommended the following next steps:

1. Conduct, together with the subcontractor, a detailed weekly review of changes in the PMIS software.
2. Provide immediate, specific, and detailed written feedback to the subcontractor following each weekly review.
3. Develop a much more detailed written test plan for the software for functional testing.
4. Continue usability testing with provincial coordinators by observing them carefully as they carry out a set of scripted operations.
5. Begin training provincial coordinators and deploying the software as soon as data entry functionality is complete to speed up deployment and use and meet the 25 April reporting deadline.

6. Review and revise website configuration and add content to make the site more usable and useful.
7. Implement a program to promote contributions to and use of the site by project personnel.
8. Once essential PMIS functionality has been tested by the HealthGov project, proceed to making the PMIS available to other USAID CAs, and to using thematic maps of indicator data using freely available mapping technology, such as Google Maps or Google Earth.
9. Revise the Tarlac activity concept paper based on additional information gathered in Tarlac.
10. Develop a more specific action plan for Tarlac, beginning with a rural health unit (RHU) assessment conducted jointly with the PHO and possibly Tarlac State University.

Mary Linehan, RTI's Senior International Health Specialist, visited the project from 25 March to 17 April. The purpose of the visit was to work with the HealthGov team on assisting the government to roll out the AI preparedness and response system to LGUs and *barangays* (villages) during FY08 in AI critical areas, especially those in HealthGov project sites. Her TA will be completed in April; recommendations and follow-through activities resulting from this TA will be reported in the next quarter.

As part of its corporate support to the project, RTI funded the visit of its controller, James Redder, to oversee the reconciliation of the project's accounting records as a result of ACCPAC's upgrade from Version 5.3a to Version 5.4. ACCPAC is the accounting system that RTI and its projects use. Mr. Redder also provided a practicum training to the accounting and administrative staff on the new version of this system. Mr. Redder's visit was conducted from 25 March to 11 April. Follow-up recommendations will be included in next quarter's report.

Collaboration and Coordination with Other CAs and National and Regional Stakeholders

During this report period, HealthGov participated in various activities organized by DOH and other CAs. The project's participation in these activities is detailed under the heading *Coordinating with Partners and Stakeholders* in the succeeding narratives on the project implementation activities.

Collaboration with other CAs at the regional level has been strengthened. HealthGov regional staffs continue to serve as focal points for regional and provincial information related to emerging issues, activities and their schedule, and other relevant information that may affect the implementation of HealthGov and other CA activities.

Project Support to Other USAID Activities

HealthGov supported the preparations for the MEDCAP/DENCAP/ENCAP scheduled in June 2008 in Samar by networking with the DOH CHD of Eastern Visayas Region; the

DOH representatives; the LGUs of Calbayog City, Gandara, and Santa Margarita; Western Samar Provincial Health Office; Culion Foundation, Inc.; Calbayog Medical Society; and Commission on Health.

The project developed a rapid assessment tool for the MEDCAP/DENCAP/ENCAP preparations. Based on the assessment of the different partners, a report was submitted to USAID, which included recommendations on the LGUs to be visited, venue for MEDCAP and DENCAP, resources required (including manpower, partners, and facilities for ENCAP), and partners' commitment. This report was enhanced and finalized during a HealthGov-organized meeting with the CHD Assistant Regional Director, the Chief of the Local Health Assistance Division, the Provincial Health Team Leader and DOH representatives, the health officials of Calbayog City and the municipalities of Gandara and Santa Margarita, the PHO representative, the Chief of Hospital of Gandara, Plan International, and the Commission on Health coordinator.

During her visit to Calbayog City, HealthGov's Health Programs Team Leader, Dr. Consuelo Aranas, and local partners inspected the sites initially recommended for the activity. It was agreed that the MEDCAP/DENCAP will be conducted in only one site per LGU. This will allow more space and control of the selected site, and the conduction of patients by the municipal government. This will also preclude the transfer of equipment. Most of the recommendations were approved by the US Navy officer in charge of the preparation.

5.2 Project Implementation Activities

HealthGov activities during the review period focused on technical assistance provision and tools development both of which called for coordination with partners and other stakeholders. These activities are described below.

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

Investment Planning for Health

With HealthGov technical assistance, F1 rollout sites and *other* provinces continued to work on their province-wide investment plan for health.

- **F1 Rollout Sites**

During the review period, the project provided technical assistance designed to help F1 rollout provinces complete their PIPH for CHD review. In particular, HealthGov developed an annotated PIPH outline that will help them prepare their PIPH. The outline takes off from the framework provided in the Health Sector Reform Agenda (HSRA) packaged as FOURmula ONE for Health (F1). It provides major sections that LGUs should focus on and the number of pages for each major section. The project also provided a logical frame for organizing PIPH information and facilitating the write-up of the various sections in the outline. These tools were shared with Albay and Isabela both of which applied the tools, resulting in a logical frame for key programs/projects/activities (PPA). HealthGov's comments helped finetune the draft PIPH of Albay and Isabela.

Taking off from the issues and comments raised in the inter-CA action planning for CHD review of PIPH, HealthGov and other USAID CAs assisted Albay and Isabela in drafting their PIPH in a writeshop held on 7-8 February.

In Mindanao, F1 provinces covered by CHD 11 needed a common structure for organizing information and facilitating the final PIPH write-up while the CHD needed an appraisal tool to review the PIPHS. During a PIPH spot check and enhancement workshop held on 17-19 January, HealthGov helped address these needs by sharing the following tools: Annotated Content Outline and Logical Frame (the same tools prepared for Albay above), *Filling up Common Gaps in PIPH*, PIPH Appraisal Tool (a tool that HPDP and HealthGov co-produced for the CHD review of PIPH), and a recently issued DOH Administrative Order (AO) on PIPH based on guidelines developed in April 2007 by an inter-CA group that included HealthGov. This AO was important particularly for CHD staff who did not consider PIPH as a legitimate approach to planning unless DOH said so.

On 29-31 January, HealthGov, HPDP, TB LINC, A2Z, PRISM, and HealthPRO reviewed the PIPH of project-supported Mindanao provinces. These are Compostela Valley, Sarangani, Zamboanga del Norte, Zamboanga del Sur, and Zamboanga Sibugay. The reviewed showed that the PIPHS were in varying degree of incompleteness and that serious gaps need to be addressed to complete the PIPH. With further work on their draft, these provinces submitted their PIPHS to a CHD review on 11-13 February. The review, which also covered the non-HealthGov-supported provinces of Davao Oriental, Surigao del Sur, and ARMM provinces, was funded by the European Commission (EC) with technical support from the USAID inter-CA team. Guided by the 1) HealthGov logical frame for organizing information and facilitating the write-up according to the DOH-suggested outline and 2) an updated version of the annotated outline first used in Albay, the provinces revised their PIPHS for submission to CHD on 15 February.

A major TA that HealthGov provided was the review of the CSR implementation component of the PIPHS of seven project-supported F1 rollout sites as well as five non-supported sites. The latter set includes Benguet, Catanduanes, Davao Oriental, Lanao del Norte, and Sultan Kudarat. The review went through each part of the CSR implementation component with a fine-toothed comb. The review showed that eight of the 12 provinces need to describe a CSR strategy that includes ensuring FP commodities for the poor and access for the non-poor. They also have to provide an estimate of the commodity requirements for the poor. Four of the 12 provinces need to estimate the investment cost of commodities while two others should describe a method for estimating commodity requirements for the poor and non-poor. To complete their PIPH, the provinces need to fill in the information gaps identified in the review.

- **Other Provinces**

In *other* provinces, HealthGov tried to influence the investment planning process along the same track that F1 rollout sites adopted. This translates to the *other* provinces' adopting the PIPH planning process and using the same planning design, tools, and approaches used by the F1 rollout sites.

In Tarlac, HealthGov helped lay the groundwork for PIPH planning. The project assisted the Provincial Health Office plan the activities leading to PIPH formulation. Data

requirements of PIPH preparation were identified. Apart from the SDIR tools, the project provided data inputting tools for financial management review, and a checklist for universal PhilHealth coverage.

In an LCE orientation on PIPH held on 28 February, six mayors committed to participate in the province-wide investment planning for health. The presentation of SDIR data on the province's health service performance to the Tarlac Governor on 11 March triggered the LCE's interest in how performance gaps could be addressed and PIPH's role in this task. He gave his approval for the training of trainers (TOT) for PIPH planning facilitators. He promised to issue a memorandum creating a PIPH provincial planning team and confirmed that the province will provide PhP250,000 counterpart fund for PIPH development.

HealthGov assisted the Aklan PHO in the review and completion of the draft PIPH. Subsequently, the draft underwent two more reviews which pointed out the need for 1) additional data for the health situational analysis, 2) a gaps analysis, and 3) identification of detailed activities on critical interventions. The draft was reviewed by the CHD and USAID CAs on 27 February in preparation for the scheduled PIPH writeshop on 1-3 April 2008.

On 14-15 February, the PIPH of Negros Occidental underwent a review first by the inter-CA team composed HealthGov, TB LINC, A2Z, and HealthPRO, and subsequently by the CHD and provincial and municipal LGU representatives. The review was made using the HealthGov-developed appraisal tools. The participation of CAs early on in the review process was found important given that TA requirements are determined at this stage. In a writeshop held 5-6 March, PLGU representatives completed the review of the PIPH narrative.

In Bohol, HealthGov provided TA to prepare the province for PIPH formulation using a municipality-focused approach. The approach requires a number of trained trainers and facilitators who will assist the municipal planning team in each LGU prepare the municipal investment plan for health (MIPH), and later the provincial planning team in consolidating and reviewing the MIPHS. TA consisted of helping CHD 7 design the training, and putting together the technical materials for each component of the training. The TOT will be conducted on 1-4 April.

Improving Health Systems to Strengthen LGUs' Ability to Deliver High Quality Health Services

- **Ensuring the Availability of FP Commodities through the Contraceptive Self-reliance (CSR) Strategy**

Technical Assistance Provision

With the phase-out of donated contraceptives in 2008, the need for the assiduous implementation of the CSR strategy has become more urgent. Thirteen of the project's 23 sites had developed their CSR plan through the USAID-LEAD project. Now well into the third year, some CHDs and provincial local government units (PLGUs) have expressed the need to assess CSR implementation to see how well the CSR systems and structures are working to respond to the family planning (FP) commodities phase-out and how the plans can be enhanced.

HealthGov assisted the province of Bulacan in assessing its CSR+ implementation progress by providing the framework for assessing performance according to the provisions of Executive Order (EO) No. 17-2005, which provides guidelines for strengthening family planning (FP), TB, and Vitamin A programs, and EO No. 16-2005, which creates the provincial CSR Technical Working Group. The said framework was made consistent with the health sector/F1 framework used in PIPH preparation.

The framework is distinct in its ability to consider progress in terms of 1) CSR-related policies (including those on the poor and non-poor), 2) financing (budget, resource mobilization, and fund utilization), 3) systems (including forecasting, procurement and logistics, client classification, and referral), 4) services (e.g., service and outlets expansion, including private sector participation and workplace clinics), and 5) performance and outcomes. The latter includes service utilization and coverage (e.g., unmet need reduction, CPR, CDR, cure rate, Vitamin A supplementation coverage of target groups), and health sector outcomes (better health outcomes, equitable health financing, and greater public satisfaction brought on by wider choices of methods and outlets).

Based on this framework, the Bulacan Assessment Team drafted an assessment tool (i.e., a questionnaire) for FP, Vitamin A supplementation, and TB. The tool was finalized with HealthGov inputs and fielded in 21 municipalities and two cities. Guided by HealthGov technical specialists, four PHO technical staff encoded, validated, analyzed, and interpreted the data. The PHO will package and present the assessment results to the CSR TWG and the LGUs. These results will inform the province's CSR+ planning. They will also be used to develop an advocacy tool to win mayors' commitment to support CSR implementation.

Tools Development

LGUs have requested for a family planning forecasting tool to help them formulate or enhance their CSR plan and respond to the phase-out of donated contraceptives. HealthGov responded to this need by developing two forecasting tools: one uses the population-based method and another applies the consumption-based method. To simplify forecasting, the two tools were integrated into one that adopts the population-based method and includes buffer stock, stock from other sources, and stock on hand as additional variables. The forecasting tool and how it is used will be written up as a guide for LGUs.

HealthGov also developed the CSR planning and system tools which include client classification into poor and non-poor, financing, budget and resource mobilization, procurement and logistics, public-private partnership, and referral. The tools have been incorporated into the CHD CSR tool kit being developed by HPDP.

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

Technical Assistance Provision

During the PIPH preparation in the three Zamboanga provinces, the PHO of Zamboanga del Norte mentioned the need to look into the status of CSR in the province. HealthGov

took this as an opportunity for TA and met with the PHO and her technical staff. The meeting revealed that a one-day orientation on CSR was conducted by the CHD sometime in 2006 and no other CSR related activity has ensued after that. The province and the two component cities were able to formulate their policy guidelines and created their CSR TWG but this has remained non-functional. While the province procured FP commodities in 2006 and 2007, only seven of 25 municipalities have appropriated a budget for and procured contraceptives in 2007. The PLGU has not sustained the implementation of the modified Contraceptive Distribution and Logistics Management Information System (CDLMIS). Commodities are distributed irregularly and rationed on a “come and get,” “first come-first served” basis.

Given the aforementioned information, the PHO decided to conduct a quick stock and procurement inventory with TA from HealthGov’s Procurement and Logistics Specialist in the development of the inventory tool. The tool is applicable for both FP and micronutrients and will gather data on the LGU’s projected requirements, stocks received, stock on hand, stock level, procurement, and budget appropriations. The PHO also agreed to reactivate the CSR TWG.

TA was extended to the provinces of Bulacan and Pangasinan in the formulation of questions for the logistics component of the CSR assessment tool. In Bulacan, TA included clarifying the definition, analysis, and interpretation of the logistics-related data gathered from the municipal- and provincial-level assessments. The assessment results will be used for the CSR enhancement plan.

Technical assistance was provided in the review of the procurement and logistics management components of the PIPH for the provinces of Compostela Valley and Isabela. The review, which was done prior to finalizing the PIPH, ensured that the procurement, inventory management, distribution, and storage aspects of the plan were adequately covered and that these adhere to prescribed rules and procedures.

Tools Development

HealthGov developed a forecasting tool for STI drugs to be procured by the LGUs. The tool uses service statistics (number of cases) over a time period as its basic data source. Other critical variables such as trend, buffer stock, expected stocks from other sources, stock on hand, and inflation are incorporated in the tool. The tool is in Excel format with the formula and specific instructions supplied in the forecasting table. A companion guide for forecasting STI drugs was also developed. The tool was used during the integrated strategic and financial planning workshops for Luzon, Visayas, and Mindanao where participants from the 11 high-risk cities supported by HealthGov projected their requirements and identified funding sources for STI/HIV/AIDS projects, activities, and resource mobilization strategies.

To meet the project’s need for monitoring the provincial and municipal LGUs’ procurement, budget appropriations, and expenditures for FP commodities, HealthGov developed an FP commodity budget and expenditure matrix. The matrix was downloaded to the regional teams and provincial coordinators and would become part of the tools for regular quarterly data gathering/monitoring. The matrix will be further expanded to include other health program commodities.

The content of the integrated logistics management tool kit that HealthGov developed in the previous quarter was enhanced during the review period. The kit consists of tools and guidelines for forecasting, a menu of procurement and distribution options, inventory control system models, and guidelines for proper transport and storage for FP, MCH, TB, and STI commodities. These tools were enhanced for comprehensiveness, adaptability, and relevance to LGU needs; the integration of the logistics components vis-à-vis health commodities; and consistency with existing policies and procedures. The logistics management tools are intended for program managers/coordinators and supply personnel at the provincial, municipal, and city levels. It will respond to LGUs' need for improving their procurement and logistics system for the aforementioned commodities.

During the quarter under review, the logistics component of the LGU Public Finance and Management Assessment tool was also enhanced with the incorporation of additional logistics questions on procurement, forecasting, distribution, inventory control, and storage. The tool is designed to identify existing systems and procedures in downloading and utilizing LGU funds for health programs.

In the next quarter, HealthGov will provide the PLGUs TA in the formulation of their CSR enhancement plan and the logistics management systems component of their PIPH. The project will pretest the LGU public finance and management assessment tool. The integrated logistics management system tools will be packaged for presentation and critiquing by other CAs and eventual incorporation in the CHD Tool kit that HPDP and HealthGov are helping to develop for CHDs.

- **Strengthening LGU Health Information System**

During the period under review, Misamis Occidental and South Cotabato geared themselves up for a better understanding of health information for evidence-based planning and action.

In Misamis Occidental 30 participants from the CHD, PHO, PPDO, MPO, the PHIC and DILG regional offices, and CHO examined and finalized key sections of the Community Health and Living Standards Survey (CHLSS) in a HealthGov-assisted workshop held on 24-25 January. CHLSS combines 1) Community-based Monitoring and Information System (CBMIS) which surveys unmet needs for FP, TB, and Vitamin A, and 2) Living Standards Index (LSI) which surveys living standards for means testing. CHLSS was developed in June 2007 by Misamis Occidental PHO, Cagayan de Oro CHO, CHD 10, and HealthGov. In the latter part of 2007, the League of Municipalities of the Philippines (LMP) in Misamis Occidental adopted CHLSS as an LGU-based local data generation tool for identifying program beneficiaries.

During the workshop, the CHLSS questionnaire was pretested by a group of interviewers selected by the PHO and CHO. Pretest results showed that the tool can be used easily but requires an hour to administer compared with 20 minutes for the pure LSI module.

As a follow-on, Misamis Occidental will organize a CHLSS implementation team and engage a consultant to assist in the implementation. A training of trainers will be conducted, after which a training for supervisors, field data collectors, and editors for each municipality will be held.

To enable the provincial government of South Cotabato to decide which tool to use in identifying the poor for enrollment in the PhilHealth indigent program, the Governor pushed for an orientation on CHLSS. The LCE and his staff had previously been briefed on the means test and CBMS.

On 11 March, HealthGov's LGU Governance Team Leader presented CHLSS to the Governor. The presentation started with the array of options and tools in identifying the poor, including those that are currently being utilized and promoted, those in the initial implementation stage, as well as tools used in other countries. The presentation allowed the participants to compare these instruments in terms of reliability, affordability, use of gathered data, and duration of data collection.

The participants appreciated in particular the characteristic advantages of CHLSS, as follows:

- CHLSS contains all the information that PhilHealth requires for the means test, which is mainly living standards indicators (housing characteristics and household assets instead of income). It also contains information needed by the health sector, specifically information on unmet needs for key health services and education.
- The survey cost is almost 50% less than that of surveys using other tools, and could be shared with other LGUs in the province.
- CHLSS users have complete control and influence over the indicators.
- Standards are consumption-based rather than income-based.
- Results based on consumption are ranked, thus providing users the option to target a certain percentage only based on their financial capability.
- Survey time is shorter.

The budget officer assured the participants of the availability of a budget if they so decide to use the CHLSS instruments. The PLGU's annual operational plan submitted to the Joint Appraisal Committee for review included PhP1.5 million recommended for use in identifying the poor. Any additional amount that is needed can either be sourced from the supplemental budget or through cost-sharing with municipalities.

HealthGov advised the group to formalize their decision and come out with a plan of action for presentation to municipal LCEs. HealthGov will assist the province achieve its goal of increased PhilHealth enrollment of the poor.

HealthGov, with technical assistance of RTI's IT Program Senior Director Gordon Cressman, conducted a rapid appraisal of the health information and M&E systems in Tarlac province. Interviews with Municipal Health Officers (MHOs), rural health physicians, the FSHIS coordinator, and the PHO revealed the following:

- Only about 60% percent of RHUs submit their monthly health reports to the PHO on time.
- Data provided by RHUs are often inconsistent or statistically improbable.
- Data are consolidated manually, which is time-consuming.
- RHUs have insufficient training on routine record-keeping and data quality assurance.
- Without sufficient staff complement, RHUs tend to prioritize more important tasks (clinical work) over writing and submitting reports.

- RHU personnel do not believe FHSIS reporting provides any significant benefit to them.

The service providers who were interviewed articulated their need for information system improvements which include –

- economical and effective ways of collecting health data and information,
- more efficient record management, and
- effective monitoring and quick-response mechanisms in case of potential or actual disease outbreaks.

Presented with these findings, HealthGov proposed to the PHO the concept of computerizing the health information system and inter-linking LGUs with other LGUs and LGUs with DOH through a centralized database system. The PHO favorably endorsed the idea. He also appreciated the possibility of involving the local academe, specifically Tarlac State University (TSU), in providing TA in improving the routine record management of RHUs and PHO. This potential partnership was highlighted during the visit of HealthGov and Mr. Cressman with TSU officials and the state university's computer science program. TSU works with the provincial government on other projects and has an active research and extension program.

Mr. Cressman has drafted a concept paper on computerizing the Tarlac PHO's health information system.

- **Strengthening Inter-local Health Zones (ILHZs)**

In a meeting of the PHO with the Misamis Oriental Governor, the LCE stressed the need to focus on a few select programs and on strengthening ILHZs to address local health challenges. Given this cue, the PHO sought the technical support of HealthGov. In January and February 2008, the project assisted the PHO in appraising the functionality of four ILHZs in responding to cross-border health concerns and issues such as disease-free zone, referral system, personnel sharing, disease surveillance, planning, and M&E. HealthGov further supported the PHO and DOH representatives (DOH Reps) in validating the assessment results. The assessment revealed data gaps which need to be addressed. To ensure that the appraisal is completed and that results are used in health planning, the PHO and the DOH Provincial Health Team Leader have identified and scheduled activities that include summarizing data per ILHZ, conducting a data analysis workshop, and presenting the appraisal results and recommendations to the ILHZ Policy Board to obtain the mandate to plan ILHZ strengthening.

- **Coordinating with Partners and Stakeholders**

Preparation of Guidelines for Developing PIPH Sub-plans

HealthGov participated in the inter-CA writeshop on the guidelines for developing PIPH sub-plans (specifically on SO3 concerns) held on 25 January. HPDP, TB LINC, and SHIELD were present as well. The project, through its LGU Governance Team Leader, developed the guidelines for assessing the CSR strategy, financing, regulation, and governance segments of PIPH. This is in response to the USAID directive to ensure that SO3 concerns, namely FP/ CSR, MCH, TB, HIV/AIDS, and AI, are adequately addressed

in the PIPH. The guidelines were used in the inter-CA review of PIPH held on 29-31 January for Mindanao F1 provinces and in February for the Luzon rollout provinces.

PhilHealth Benefit Review

HealthGov participated in the inter-CA PhilHealth Technical Working Group meeting on the PHIC benefit review plan. Held on 18 February, the TWG discussed the development of the terms of reference (TOR) for the benefit review study and the USAID CAs' strategy for TA provision. The discussion resulted in an operational plan to push forward the process of benefit review. Among other things, the plan identifies the specific tasks of each player. For instance, PhilHealth will work on the framework of analysis based on market realities as well as develop the TOR. DOH will work on costing and financing requirements for priority diseases. The CAs will form a team that will respond to the TORs. Inter-CA support will focus on family health, TB, HIV/AIDS, micronutrients, and family planning. The CAs will use PhilHealth's framework of analysis—inpatient benefits, outpatient benefits, and drugs—to analyze issues related to the aforementioned focus areas.

Planning for Assistance to DOH in the Review of PIPH and AOP

HealthGov, HPDP, EC, and DOH met on 22 February to plan how best to assist the health department in its review of PIPHS and AOPs. The group discussed the review guidelines and the proposed review team for the PIPH of rollout sites and the AOP of the 16 F1 sites. The guidelines for the PIPH review essentially followed the logical frame for PIPH review presented during the CHD review of PIPHS held on 11-13 February.

DOH Program Implementation Review

HealthGov participated in the DOH implementation review of programs (PIR) related to policy and health systems development held on 26-29 February. Programs that were reviewed included disease surveillance, health information systems, health facilities, human resources, health emergency, HIV/AIDS policy and management, health promotion, nutrition policy, population policy, local health systems development, national policy development, and foreign assistance management.

Each DOH unit responsible for a program reported on their performance and the factors affecting such performance. Looking into the future, each unit presented its planned interventions to deliver its mandate and address performance gaps, the resource requirements, and the expected performance based on interventions and available resources.

For each program, “challengers” were asked to provide an analysis of major issue areas in program implementation, opportunities for improvement and/or innovation, and possible action to address identified issues. HealthGov through its LGU Governance Team Leader challenged the Bureau of Local Health Development (BLHD) to transform BLHD actions into health sector performance and outcomes.

As a follow-on, HealthGov proposed the creation of an inter-CA TWG on local health systems development as a venue where BLHD may discuss issues on local health systems and the project's TA technologies may be shared with them.

- **IR 1.1 Activities Planned for 3rd Quarter Year 2**

- Develop, in collaboration with HPDP, guidelines on the preparation of annual operational plan
- Finalize PIPH guidelines and sub-guidelines for incorporation in the CHD Toolkit
- Finalize CSR LGU planning and implementation guidelines for incorporation in the CHD Toolkit
- Finalize and incorporate CHLSS tool in the CHD Toolkit as another LGU option for PMT
- Develop EBL orientation materials and draft guidelines

IR 1.2 Improving and Expanding LGU Financing for Health

Technical Assistance Provision

HealthGov supported the health investment planning and PIPH appraisal of the seven F1 sites with technical assistance on financing and resource mobilization.

HealthGov impressed upon the rollout provinces that revenue raising is necessary and has to find its way into health programs. The PIPH process enables LGUs to do this. Extra-budgetary resources may be generated through additional revenues and improved efficiency in allocating and utilizing resources. Lump sums, which are actually free-up funds, may be allocated for impact activities such as health. HealthGov provided the F1 sites inputs on how to generate savings and secure funds from lump sums such as 20% development fund, and the funds allocated for gender and development, *Sangguniang Kabataan* (youth council), and senior citizens.

As part of its technical assistance, the project provided the provinces inputs to effectively cost activities as well as identify the appropriate structure for effectively implementing them. The costing manuals were used in determining component activity costs and translating these to the readable formats prescribed by DOH.

Effective costing distributes the burden of funding support equitably. The F1 sites were warned about passing on to donors costs like operational expenses, general office equipment, and vehicular support. Donors and national government agencies provide supportive facilities. USAID funds, for instance, are for technical assistance only. Very high donor requirement may discourage donor support while very high local counterpart will not find favor with the governor and the *Sangguniang Panlalawigan* (provincial legislative council). LGUs, therefore, need to balance their contribution and that of donors and national agencies.

During the PIPH review and appraisal, HealthGov found that financing interventions lacked substance. The project identified financing-related gaps and proposed recommendations. Some provinces like Compostela Valley needed to revalidate their

programs and costs. HealthGov and HPDP provided TA in validating the provinces' position on key interventions and funding sources.

Tools Development

During the review period, HealthGov developed a procedure to estimate eligible indigents for enrollment using population and poverty indices. The procedure was tested in Albay and Isabela, findings of which showed that the provinces' PhilHealth enrollment exceeded 100%. Mindanao F1 provinces also used the procedure which proved to be useful in PIPH preparation. The procedure comes with techniques for estimating premium requirements and cost shares, and will be incorporated in the CHD Toolkit that is being developed in coordination with HPDP.

The project also developed the Public Finance Management Self-assessment Checklist to help LGUs document the processes and flow of financial transactions in F1 rollout provinces. This tool is designed not only to assess the adequacy of LGU financial units—Planning, Budget, Accounting, Treasury, Procurement, and Human Resources—to effectively and efficiently handle situations but also to identify areas of improvement which can be remedied by capability-building programs. The objective is to make these units responsive to the needs of F1 financial requirements and future support facilities.

- **IR 1.2 Activities Planned for 3rd Quarter Year 2**
 - Finalize and incorporate universal PhilHealth coverage tools in the CHD Toolkit
 - Compile and disseminate to LGUs fund windows for health
 - Draft, in collaboration with HPDP, guidelines for preparing proposals for accessing external funding

IR 1.3 Improving Service Provider Performance

Service Delivery Excellence in Health (SDExH)

- **Completion of SDExH Workshops in Oroquieta Inter-local Health Zone, Misamis Occidental, and Metropolitan ILHZ, Negros Oriental**

During the review period, HealthGov completed modeling Service Delivery Excellence in Health in Misamis Occidental and Negros Oriental. SDExH is a continuing quality improvement intervention which integrates key features of two best practices of quality assurance, namely Public Service Excellence Program (PSEP) adopted by the Civil Service Commission, and the Standards-based Management and Recognition approach of JPHIEGO.

The project monitored and coached 12 LGUs in the two provinces in the completion of the SDExH process and the implementation of their service improvement plan. The 12 LGUs include Oroquieta City, Aloran, Jimenez, Lopez Jaena, and Panaon in Misamis

Occidental, and Amlan, Bacong, Dauin, San Jose, and Valencia in Negros Oriental as well as the PLGU of the two provinces represented by their PHO and provincial hospital.

In collaboration with the DOH National Center for Disease Prevention and Control, HealthGov conducted the last SDExH workshop, that is, Module 4 – Recognizing Achievements. This workshop highlighted the celebration of LGUs' achievements in implementing some planned interventions and meeting local service standards.

What service providers say about SDExH

We are now more friendly and courteous to our clients.

– Public Health Nurse,
Valencia

The SDExH process fostered unity and team work among the RHU staff.

– Public Health Nurse
Dauin

At first we thought it was not something serious, but the follow-up process of SDExH made us realize that there are a lot of things that we can do something about *immediately*.

– Chief Nurse, *Negros Oriental Provincial Hospital*

In Misamis Occidental, 69 representatives from the Oroquieta Inter-local health Zone comprising the PHO, the provincial hospital, and the five SDExH LGU-sites participated in the celebration of achievements. A highlight of the event was the issuance of policy statements in support of SDExH. For instance, the Chair of the Sangguniang Panlalawigan Committee on Health directed health personnel to aim for excellence in service delivery and to replicate SDExH in three other ILHZs. In addition, she assured the health staff of Magna Carta benefits.

The Mayor of Panaon, meanwhile, was greatly pleased that the RHU staff completed the SDExH training. This meant less effort in mobilizing the personnel to provide excellent services. She promised to champion excellent service delivery in the League of Municipalities of the Philippines.

In Negros Oriental, 59 representatives from the Metropolitan ILHZ composed of the PHO, the provincial health office, and the four SDExH

LGU-sites attended the recognition of achievements event. Apart from them, all four municipal mayors, the DOH CHD 7 Regional Director, and other top CHD staff graced the affair. Health personnel from San Jose failed to attend since they had nothing to celebrate. They had no MHO and their representative who active participated in SDExH had resigned.

Health personnel in the two provinces presented their achievements which were completed in less than four months. Examples of these accomplishments in specific *municipalities* are listed below:

1. Improved clinic operations/physical structure
 - Ambulance is functional and has a driver, *Panaon*
 - TV and DVD player are available for IEC sessions, *Dauin*
 - Family planning and prenatal care are done in separate rooms, *Lopez Jaena*
 - A ramp is constructed at the OPD, *Misamis Occidental Provincial Hospital*
 - Laboratory examination and X-ray taking are promptly done, *Negros Oriental Provincial Hospital*

2. Improved service delivery
 - Immunization schedule is posted in the RHU, BHS, and public places, *Valencia*
 - *Barangay* (village) health workers (BHWs) follow up on EPI, TB, and FP defaulters, *Amlan*
 - Assigned personnel conduct TB education activities, *Dauin*
 - Using a supervisory checklist, the Public Health Nurse (PHN) conducts monthly monitoring and supervision of the Rural Health Midwife (RHM), *Bacong*
 - Every afternoon is Family Planning Day, *Panaon*

3. Procurement of FP commodities, other supplies, and equipment
 - Pills, condoms, and DMPA, *Amlan, Aloran, Jimenez*
 - TB drugs and sputum cups, *Dauin, Aloran*
 - Refrigerator and blood analyzer, *Valencia*

4. Incentives
 - Magna Carta benefits are now provided to health personnel, *Jimenez*
 - Hazard pay will be provided to PHO staff, *Misamis Occidental*
 - BHWs will be given honorarium, *Bacong*
 - TB treatment partners will be given an incentive, *Amlan*

5. Systems improvements
 - PIR will be conducted semi-annually with quick quarterly assessment, *Amlan, Dauin*
 - CSR plan is formulated, *Jimenez*
 - LGU pays for PhilHealth contribution for indigents, *Panaon*
 - Local Health board meets regularly, *Valencia*
 - Budget allocation for FP and MCH commodities and drugs is increased, *Bacong*
 - Incentives and awards will be given to hospital staff, *Negros Oriental Provincial Hospital*
 - Policies are instituted, viz., documentation of and administrative action on erring personnel, cross-training for RHU and hospital personnel, adoption of TB-DOTS policies, and prompt blood cross-matching, *Negros Oriental Provincial Hospital*

What clients say about service improvements made through SDExH

A functional ambulance really makes a difference. I'm glad we now have one.
 – Client, *Panaon*

Smiling and courteous health personnel – this is a most welcome change.
 – Client, *Oroquieta City*

Pregnant women with complications who are referred to the hospital used to be sent back to the CHO because it's not a pre-natal day. Today, that's a thing of the past.
 – Client, *Misamis Occidental Provincial Hospital*

The center really looks good. The chipped tiles have been replaced. And there's even a new lavatory!
 – Client, *Lopez Jaena*

6. Improved program performance
 - CDR and cure rate improved from the baseline, *Amlan, Bacong, Dauin, Jimenez*
 - FIC increased, *Dauin, Jimenez*
 - Number of deliveries by skilled attendants and in health facilities increased, *Amlan, Dauin, Valencia*
 - CPR increased, *Amlan, Dauin, Jimenez*
 - TT2+ increased, *Valencia*
7. Additional manpower
 - An ordinance creating a permanent position for a medical technologist is passed and the medtech is hired, *Aloran*
 - An additional midwife is hired on honorarium basis, *Bacong*

The SDEXH modeling experience showed that Service Delivery Excellence in Health is an effective approach to improving service delivery quality and performance. It also pointed out the need to improve the different modules so that the inputs to and outputs of each workshop are fully utilized and the different SDEXH processes are understood and internalized by all participants. The need for operational guidelines in SDEXH implementation was underscored as well.

The modeling experience further showed the importance of standardizing local service standards. This will allow facilities to do benchmarking, conduct external assessment, and develop a recognition and awards system. Finally, to help sustain the implementation of SDEXH, the PHO technical staff and DOH Representatives need to be monitored and coached until they are fully equipped and able to provide LGUs technical assistance in continuing quality improvement.

- **Enhancing the SDEXH Training Modules and Development of Operational Guide**

HealthGov ensured that the recommendations raised during the modeling experience were acted on. In particular, the project coordinated the enhancement of the training modules by the SDEXH Technical Working Group. The improved modules were presented to the SDEXH TWG consultative meeting participated in by SDEXH consultants. The respective authors will revise the modules based on the participants' recommendations.

HealthGov engaged a consultant who participated in SDEXH modeling to draft the SDEXH operational guidelines. In a consultative meeting, the draft guide was presented to the SDEXH TWG and other stakeholders. The guide will be further revised based on their recommendations and the results of the SDEXH implementation.

- **Evaluation of SDEXH Implementation**

As part of SDEXH modeling, SDEXH implementation was evaluated in a consultative forum participated in by the SDEXH TWG, representatives of CHD 7 and CHD 10, and SHIELD. The evaluation took off from the information gathered by two consultants through key informant interviews and focus group discussions with both service providers and customers in the modeling sites. The JHPIEGO consultant, meanwhile, provided

technical direction in setting quality standards. The evaluation considered the strengths, challenges, and action points in SDExH implementation. The evaluators examined the improved SDExH modules and the draft operational guidelines, and identified key points for improvement. These improvement areas include developing a set of evidence-based standards, streamlining the modules, defining the coaching process and developing a guide on interval monitoring/coaching, and capacitating the CHDs and PHOs on SDExH coaching and mentoring. Results of the assessment will be reported in the next quarter.

Service Delivery Implementation Review (SDIR)

Program implementation review (PIR) is one of the tools for monitoring the progress of public health programs. It effectively identifies areas and programs for acceleration leading to improved service delivery. The DOH has implemented PIRs at different levels since the late 1980s. When health services were devolved in 1991, DOH and some PHOs continued to conduct PIRs with or without project support. However, no standard review tool was used across program levels. In response to this need, HealthGov developed an enhanced PIR tool called service delivery implementation review.

This new tool monitors progress in service delivery performance by program and by area. The SDIR tool guides service providers and managers in identifying facilitating factors and challenges in achieving performance standards, determining strategic interventions, and formulating acceleration plans. All service providers, including *barangay* (village) health workers (BHWs), participate in the review.

During the reporting period, HealthGov supported two major activities in relation to SDIR: enhancement of the SDIR tool, and management of SDIR results.

Based on field experience, the SDIR tools were simplified with the following:

- Use of only one template, instead of several forms, for different levels except for assessment areas. This means provinces will assess municipalities, and municipalities and cities will assess barangays.
- Inclusion of a guide on how to fill up the forms
- Identification of selected indicators for programs covered in the province-wide investment plan for health. Some priority programs like rabies and dengue are integrated into the tool using selected indicators that reflect successful implementation.

The enhanced SDIR tool was introduced in Bohol, Negros Oriental, Aklan, Pangasinan, Agusan del Norte, Negros Occidental, and Capiz.

Bohol, Negros Oriental, Aklan

HealthGov oriented the PHOs and the respective CHDs of Bohol, Negros Oriental, and Aklan on the enhanced SDIR tool. All three provinces have conducted their SDIR in September 2007 using the initial SDIR tool. The orientation clarified issues on target setting, performance standards, and results validation. It helped the DOH Reps and PHO staff to understand and appreciate the link to and usefulness of SDIR in PIPH. This understanding led the CHD and PHO to stake ownership of SDIR activities. They and other partners committed to support the LGUs in the conduct of the municipal SDIR.

Pangasinan

HealthGov oriented 187 health personnel representing 45 of the 48 LGUs in the province of Pangasinan. (San Carlos City, Laoac, and Umingan were not represented.) For Pangasinan, an F1 site, SDIR provided the opportunity to assess the 2007 health programs, analyze factors that facilitate or hinder health service performance, revisit the 2008 operational plan in the five-year PIPH, and update/revise these plans using the SDIR results. Six batches of SDIR workshops will be conducted in the province from May to June 2008.

In Agusan del Norte, the SDIR orientation clarified the program indicators and the eligible population. Provincial and LGU program performance standards were reconciled and agreed upon by the participants. The orientation also delved into the logistics requirements of as well as the roles and responsibilities of the different stakeholders in SDIR. The MHOs/PHNs/RHMs representing 10 of the 11 municipalities in the province agreed to cover the cost of transportation for the team, the LGUs will take care of the venue and meals of the participants while HealthGov will provide the necessary SDIR forms.

Negros Occidental

On 1, 4-5 February, HealthGov provided technical assistance in the conduct of SDIR workshops in Negros Occidental.

Capiz

Capiz is the first province to successfully use the SDIR tool in the formulation, review, and implementation of acceleration plans. The PLGU also drew on SDIR results in formulating its strategic and operational plan for PIPH. In February, Capiz PHO organized the second round of provincial SDIR. This round showed that program implementation review using the SDIR tool has rooted deeply in the province's health system. The institutionalization of the process can be seen in the following:

- The PHO customized the SDIR tool to suit their needs and labeled it FOURmula ONE Implementation Review (F1IR).
- The PHO technical staff and DOH Reps conducted the municipal pre-workshop coaching and mentoring on their own using the PHO's own resources.
- The PHO inputted the results of the gaps analysis and the identified interventions into the 2008 PIPH Annual Operational Plan.
- DOH Reps used the SDIR results to advocate for budgetary support with favorable results.
- SDIR results, which identified good performers among RHUs and Rural Health Midwives, spurred the PHO to award them with recognition certificates signed by the Governor and some tokens such as stethoscope, weighing scale, and materials for health facility repair.

Informed by the experience of doing the SDIR for a second time, the PHO saw the need to involve in the performance implementation review local officials (e.g., Chair, *Sangguniang Bayan* [municipal legislative council] Committee on Health, budget officer, municipal planning and development officer) and other stakeholders such as NGOs. The

need to do a more indepth analysis of the causes of not achieving certain indicators in order to identify appropriate interventions also surfaced.

Tarlac

In Tarlac, HealthGov, through the initiative of its Provincial Coordinator, assisted the PHO in converting SDIR data into statistical reports, graphs, and maps using the Health Mapper software developed by the World Health Organization. The PHO used these data presentations in the LCE orientation on PIPH held 28 February. The graphs and maps clearly showed the LCEs the state of health service performance of the province and its municipalities. The presentation helped convince the LCEs to support to the conduct of province-wide investment planning for health.

Informed Choice and Voluntarism (ICV) Compliance Monitoring

- **ICV Orientation**

During the reporting period, HealthGov reached some 169 individuals with information on ICV compliance. These consisted of 32 health personnel covered by the orientation training on Informed Choice and Voluntarism *and* Responsible Parenting Movement (RPM) conducted in partnership with DOH and the Commission on Population (POPCOM), and 137 LCEs, service providers, and project staff of HealthGov and other USAID CAs who were oriented in separate venues.

HealthGov supported the orientation training on ICV compliance in Region 5. This is the last of the 17 orientation trainings on ICV and RPM conducted in partnership with DOH and POPCOM. Thirty-two health personnel (5 males, 27 females) from Naga City and the provinces of Albay, Camarines Sur, Camarines Norte, Catanduanes, and Sorsogon participated in this training. To date, 500 health personnel (53 males, 447 females) in 17 regions in the country have been trained on ICV and RPM.

HealthGov continued to promote ICV compliance, taking advantage of activities where the audience is in the position to resonate the message of adherence to ICV. In Tarlac, for instance, 32 individuals composed of LCEs, other LGU officials, PHO technical staff, MHOs, and PHNs were briefed on ICV as part of the LGU orientation that HealthGov and other CAs conducted.

An ICV orientation was included in the meeting of the LMP in Bukidnon. The ICV briefing reached 23 individuals, 15 of whom were mayors. The rest consisted of the CHD regional director, the PHO, and other LGU officials.

ICV was discussed as part of the orientation on family planning clinical standards conducted for 22 RHMs of the municipalities of Amlan, Bacong, Canla-on, Guihulngan, and Vallehermoso in Negros Oriental.

HealthGov, in collaboration with the CHD Family Planning Coordinator in Misamis Oriental, conducted a one-day orientation training for 30 participants composed of MHOs/CHO, PHNs, RHMs, and DOH Reps.

Thirty project staff of HealthGov, A2Z, and TB LINC went through a refresher briefing on ICV during the former's cross-training on M&E.

- **ICV Compliance Monitoring**

During the review period, HealthGov—in partnership with DOH CHDs, DOH Reps, and PHO technical staff—monitored 68 service providers and 25 clients in 36 health facilities spread across 11 provinces. These provinces include Albay (2 LGUs), Bulacan (7 LGUs), Cagayan (1 LGU), Isabela (2 LGUs), Pangasinan (5 LGUs), Tarlac (2 LGUs), Aklan (1 LGU), Bohol (2 LGUs), Negros Oriental (3 LGUs), Misamis Oriental (1 LGU), and South Cotabato (1 LGU).

As part of ICV compliance monitoring HealthGov, together with the CHD 3 regional FP coordinator and the PHO representative, conducted and validated the alleged giving of Php1,000 cash incentive and 5 kg of rice to no-scalpel vasectomy (NSV) clients in Guiguinto RHU II in Bulacan. The fact-finding team found that the cash was given to reimburse the clients' transportation fare for three roundtrips (Php600) and three days lost wages worth Php400. The clients were given the cash and rice two days after they underwent the procedure, and were not aware that they will be given these tokens.

It was also found that RHU personnel complied with the directive to provide clients with information on all family planning methods. No incentives were given to BHWs or service providers. The MHO provided NSV while Maries Stopes International performed tubal ligation. Clients were asked to sign the informed consent form before the procedure was performed.

Records review showed no sharp increase in the number of FP acceptors for any particular method nor was there any inconsistency in the data. Neither was there any reference to predetermined numerical family planning targets assigned to individual service provider.

The fact finding pointed out the need to probe into alleged cases and conduct ICV compliance monitoring in a more interactive fashion to encourage participation in the monitoring process.

Improving Local Response to HIV/AIDS and Avian Influenza

- **HIV/AIDS**

During the quarter under review, HealthGov's technical assistance to HIV/AIDS high-risk cities included 1) orientation on the array of TA the project can provide, 2) support to strategic and financial planning, and 3) follow-on TA to help the LGUs complete their plans. The project also assisted Zamboanga City in preparing for the US ambassador's visit.

Orientation on HealthGov Technical Assistance

HealthGov briefed DOH CHD Western Visayas, and the cities of Zamboanga, Iloilo, and General Santos on the technical assistance the project can provide in response to the TA needs identified in their respective SDIR acceleration plan. The orientation yielded favorable results. The CHD Regional Director, her assistant, and the STD/HIV/AIDS

coordinator committed to support the HIV/AIDS strategic planning that the cities of Bacolod and Iloilo will conduct. The Regional Director recognized and stressed the need for closer collaboration between the CHD and HealthGov. She found HealthGov's planning framework and guide to strategic planning practicable and conveyed her intention to adopt it.

The briefing with the Iloilo City Health Officer led to a propitious discussion with the Vice Mayor who expressed the need for equipment for the new social hygiene clinic. In response, HealthGov will provide TA on resource mobilization to help the LGU source funds for the aforementioned purpose.

The orientation with the Mayor of General Santos City led him to give his mandate to plan the LGU's HIV/AIDS program.

Technical Assistance in Strategic and Investment Planning for HIV/AIDS Program

The SDIR in the high-risk cities surfaced the need for HIV/AIDS integrated strategic and financial planning (ISFP). In response, HealthGov put together a TA package that will help the CLGUs formulate such a plan. The TA package consists of a guide to HIV/AIDS strategic and financial planning, a forecasting tool for projecting STI drugs that the LGUs will procure, support to the conduct of integrated strategic and financial planning workshops, and follow-on TA to complete the plan.

The forecasting tool uses service statistics (i.e., number of cases) over a time period as the basic data source for the forecast. Other critical variables such as trend factor, buffer stock, expected stock from other sources, stock on hand, and inflation are incorporated in the tool. The tool is in Excel format, with the formula and specific instructions supplied in the forecasting table. It includes a companion guide to forecasting STI drugs.

In all, 36 health and planning officials from the 11 high-risk cities completed the two batches of ISFP workshop conducted on 6-8 February and 20-22 February. Specifically, participants consisted of CHOs, social hygiene clinic (SHC) physicians, city planning and development officers (CPDOs), as well as CHD and NGO representatives. At the end of the workshop, each CLGU, except Lapu-Lapu City, had the following outputs: 1) the major elements of the city's five-year LGU strategic and financial plan, 2) estimated budget requirements for projects, 3) prioritized projects which will be included in the city development and investment plan, and 4) an action plan to complete the strategic plan. Lapu-Lapu City was represented by its CPDO only; its CHO and SHC physician were unable to attend the workshop. Hence, the CLGU was not able to formulate its strategic and financial plan.

Follow-on TA resulted in five of the 10 CLGUs completing their respective plan. These CLGUs are the cities of Angeles, Quezon, Iloilo, Bacolod, and General Santos. The ISFP of three CLGUs, namely Cebu, Zamboanga, and Davao, are nearly completed. The draft plans of two CLGUs—Pasay and Mandaue—need more work before they can be accepted.

Because of internal issues in the City Health Office, Lapu-Lapu City has not developed its ISFP as yet. The CHO reported that their city strategic plan includes HIV/AIDS. HealthGov is trying to get a copy of this plan.

The local government of Angeles City is the first CLGU to adopt the ISFP, which it calls AIDS Medium-term Plan for 2008-2012, as its key response to the fight against HIV/AIDS. In a resolution signed by Mayor Francis Nepomuceno during the Angeles City AIDS Summit on 5 March, the LGU committed to integrate the ISFP into the Medium-term Development Plan of the city government.

The Zamboanga City ISFP, which needs more work before it can be accepted, was noted to have too many activities geared toward vulnerable groups and the general population. HealthGov reminded the planning team that priority should be given to activities that are evidence-based, focused, doable, and have the greatest impact in preventing STI/HIV/AIDS transmission. In particular, the project recommended the following: 1) review the situational analysis and develop the goals, strategies, and activities based on this analysis; 2) prioritize activities that will prevent HIV transmission among most-at-risk populations, viz., female sex workers (FSWs), men who have sex with men, injecting drug users, and FSW clients; 3) include activities for vulnerable groups, people living with HIV/AIDS, and the general population taking into account the available resources; and 4) identify activities to improve the blood banking system and cross-border health monitoring which have been identified as priorities.

Following the aforementioned developments, HealthGov will continue to provide TA to the CLGUs of Pasay and Mandaue to help them complete their ISFP. The project will monitor the activities of CLGUs with completed ISFP to ensure that their respective plan is translated into an annual work plan and that priority activities are included in the 2009 city development and investment plan. HealthGov will identify from this list priority TA needs that the project will support. Finally, the project will decide on a viable option for Lapu-Lapu City: either conduct one-on-one TA to help the CLGU formulate its ISFP or drop the CLGU as an HIV/AIDS site of HealthGov.

Collaboration with Other CAs and Stakeholders

As the lead CA of the HIV/AIDS TWG, HealthGov hosted TWG meetings held from January to March. These meetings highlighted the following:

1. Census conducted in the 11 USG-assisted HIV/AIDS high-risk cities that detailed the 2006 and 2007 results for the HIV/AIDS project indicators. Census findings provided the TWG members with a better understanding of the situation at the field level and enabled the development of evidence-based work plans.
2. Implementation status of and next steps regarding the identified HIV/AIDS high priority TA that includes a) assistance in developing the GFATM Round 6 project implementation manual, b) IHBSS revamp (includes the evaluation and identification of next steps, namely, enhanced analysis of the 2005 and 2007 IHBSS, development of the modified 2009 IHBSS protocol, pretesting of new IHBSS design, and updating of IHBSS manual of procedure), c) behavior change programs, d) activities related to voluntary counseling and testing, e) sustainable financing, f) continuing work with LGUs, g) leveraging support from the private sector, and h) operationalizing M&E. The TWG agreed that concerned CA/s should formulate a collective work plan that includes the expected results/deliverables for each TA. Another agreement was the

“parking” of TA provision for the Philippine National AIDS Council until a TA plan is clarified.

3. Next steps on the LGU integrated strategic and financial plans. These include discussions on the on-site finalization of the plans with multi-stakeholder participation, the process of developing annual operational plans and complementing resource generation and advocacy plans, and the identification of planned site-specific TA provision by HealthGov.
4. Training on interpersonal communication and counseling (IPC/C). With the dearth of outreach efforts in the HIV/AIDS high-risk sites, HealthGov emphasized the urgency of conducting IPC/C activities. HealthPRO agreed to develop the training design of and conduct the TOT for IPC/C for HEPOs. HealthGov will take charge of rolling out the on-site training.

- **Avian Influenza (AI)**

The Philippines is still bird flu-free. To help maintain this status, USAID, through the HealthGov, SHIELD, and TB LINC projects, is supporting DOH, the Department of Agriculture (DA), and LGUs to help them gird the country for the threat of avian influenza.

HealthGov is assisting 13 provinces, 48 municipalities, and 10 cities in

Table 1
60 of 71 HealthGov AI sites need TA in AI preparedness planning, March 2008

LGU (n=71)	With plan	Without plan
1. Cagayan Province		X
• Aparri		X
• Ballesteros		X
• Buguey		X
• Enrile		X
• Sanchez-Mira		X
• Sta. Ana		X
2. Isabela Province	✓	
• Divilican		X
• Gamu		X
• Palanan		X
• Ramon	✓	X
• Sto. Tomas		X
3. Bulacan Province	✓	
• Baliuag		X
• Pandi		X
• Plaridel		X
• Pulilan		X
4. Nueva Ecija Province		X
• Cuyapo		X
• Talugtog		X
5. Capiz Province		X
• Ivisan		X
• Panay		X
• Panitan		X
• Pontevedra		X
• Sigma		X
• Roxas City		X
6. Negros Occidental Province		X
• Bago City		X
• Escalante City		X
• Himamaylan City	✓	
7. Negros Oriental Province		X
• Manjuyod		X
• Tanjay		X
• Bais City		X
8. Zamboanga del Norte Province	✓	
• Labasan		X
• Kalawit		X
• Katipunan		X
• Polanco		X
• Pres. Manuel A. Roxas		X
• Dapitan City		X
• Dipolog City		X

strengthening their preparedness for AI. Data show that currently only six provinces and five of the 58 cities/municipalities have formulated their AI preparedness plan (see Table 1).

During the review period, HealthGov, TB LINC, and SHIELD-ARMM supported the conduct of an AI preparedness planning workshop for 32 AI coordinators from DOH and DA. Workshop participants from Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, the Cordillera Administrative Region (CAR), CARAGA, and the Autonomous Region in Muslim Mindanao (ARMM) mapped out activities, resources, and schedules for LGU workshops on AI preparedness planning; agreed on guidelines for reviewing AI preparedness plan; and identified action steps for the establishment of a functional community-based early warning system (CBEWS) in each region.

Table 1
60 of 71 HealthGov AI sites need TA in AI preparedness planning, March 2008
(cont'd)

LGU (n=71)	With plan	Without plan
9. Zamboanga del Sur	✓	
• Aurora		x
• Dumalinao		x
• Guipos		x
• Mahayag		x
• Molave		x
• Ramon Magsaysay		x
• Zamboanga City	✓	
10. Zamboanga Sibugay Province	✓	
• Diplahan		x
• Kabalasan		x
• Liloy	✓	x
• Siay		x
• General Santos City	✓	x
11. Sarangani Province		x
• Alabel		x
• Maasim		x
• Glan		x
12. Agusan del Norte Province	✓	
• Buenavista		x
• Las Nieves		x
• Magallanes		x
• Remedios Romualdez		x
• Butuan City		x
13. Davao del Sur		x
• Jose Abad Santos		x
• Sarangani		x
TOTAL	11	60

Taking off from the workshop results, HealthGov, DOH, and DA identified General Santos City as pilot site for the establishment of CBEWS. The city was selected for several reasons: it has an AI preparedness and response plan and an AI task force. Furthermore, the local government has appropriated and released funds to support the implementation of key activities identified in the plan.

In partnership with the General Santos City government, HealthGov and other USAID CAs provided TA in developing and implementing CBEWS in Barangay Bula, one of the coastal villages in the city. Bula is home to fishing industry owners and fisherfolk who engage in deep-sea fishing in the waters of Indonesia and Papua New Guinea. The barangay's risk of AI is, therefore, high.

TA to Barangay Bula consisted specifically of 1) an orientation of community volunteers on recognizing suspect AI cases in birds and humans and immediately notifying the proper authorities, and 2) the conduct of a training of trainers—composed of members of the AI task force—who will ensure that CBEWS is implemented in at-risk

coastal barangays in General Santos City.

As agreed upon, barangay officials will start implementing the CBEWS action plan, the progress of which will be monitored by the City Veterinary Office and the CHO.

HealthGov will provide the city's AI task force technical assistance in planning for the rollout of CBEWS in six other priority barangays. TB LINC, on the other hand, will provide TA on organizing a partnership forum designed to mobilize private sector support to AI preparedness.

- **Tuberculosis (TB)**

As planned in the previous quarter, HealthGov deployed its field staff to collect TB data in the project's 12 sites that are not covered by TB LINC. A 19-page assessment form developed by TB LINC was used to get the data most of which were not available at the time of assessment. Most provinces do have data on case notification rate (CNR), case detection rate (CDR), and cure rate (CR). These are shown in Table 2.

Table 2
CDR and cure rate remain low for some HealthGov-supported provinces

Province	CNR*	CDR*	Cure rate*
1. Cagayan	92.00	72.00	86.00
2. Isabela	77.00	55.00	81.00
3. Nueva Ecija	49.80	34.35	76.38
4. Tarlac	19.80	95.31	85.00
5. Capiz	112.70	85.00	91.70
6. Negros Occidental	Data not available	90.00	89.00
7. Agusan del Norte	115.00*	86.00*	96.00*
8. Davao del Sur	70.00*	53.00*	85.00*
9. Misamis Occidental	74.58	74.58	89.13
10. Misamis Oriental	90.74	67.91	89.90
11. South Cotabato	Data not available	103.00	87.00
12. Zamboanga del Norte	Data not available	59.00	72.00

* Unless otherwise indicated, figures refer to 2006 data.

* 2007 data

Five of the 12 provinces had CDR far below the national target of 70%. These provinces are Isabela, Nueva Ecija, Davao del Sur, Misamis Oriental, and Zamboanga del Norte. The cure rate in three provinces – Isabela, Nueva Ecija, and Zamboanga del Norte – was also noted to be lower than the national target of 85%. In the next quarters, HealthGov will monitor and coach these provinces to help them raise their CDR and cure rate. Microscopists untrained in direct sputum smear microscopy (DSSM) will be given technical assistance to enable them to do correct DSSM.

Coordination with Partners and Stakeholders

- **DOH Program Implementation Review**

HealthGov participated in the DOH implementation review of programs related to infectious diseases held on 24-25 January. This was the first of four PIRs that DOH organized to assess the performance of key health programs vis-à-vis desired health goals and targets, identify bottlenecks and challenges that hinder the achievement of goals and targets, and draw up a response to the challenges to improve program performance. HealthGov was represented by the HIV/AIDS Specialist and AI Specialist who facilitated small-group workshops on the status of 1) TB and HIV/AIDS programs, and 2) avian influenza and dengue programs. The two technical specialists also participated in discussions on the malaria and filariasis control programs.

Each DOH unit responsible for a program reported on their performance and the factors affecting such performance. Looking into the future, each unit presented its planned interventions to deliver its mandate and address performance gaps, the resource requirements, and the expected performance based on interventions and available resources.

For each program, “challengers” were asked to provide an analysis of major issue areas in program implementation, opportunities for improvement and/or innovation, and possible action to address identified issues. Many of the challenge papers did not respond to the issues presented, thus precluding a deeper discussion of the issues.

- **IR 1.3 Activities Planned for 3rd Quarter Year 2**

- Complete the assessment of SDExH pilot testing, develop a plan of action to expand the number of provinces to be covered by SDExH
- Package and finalize the SDExH tools, including the operational guide and the training materials
- Finalize the revised version of the SDIR and develop a facilitators’ guide
- Update the Family Planning Competency-based Training Manual and PHN Supervision Training Manual
- Provide the cities of Pasay and Mandaue follow-on technical assistance to complete their HIV/AIDS integrated strategic and financial plan
- Provide LGUs with AI critical areas technical assistance in AI prevention and preparedness planning and training on CBEWS installation and implementation
- Develop province-specific TA plans for TB and MCH to address USAID OP indicators
- Develop an HIV/AIDS collaboration framework for Metro Cebu

IR 1.4 Increasing Advocacy on Service Delivery and Financing

HealthGov’s advocacy TA is designed to increase advocacy for service delivery and financing of local health programs, focusing particularly on challenges identified in PIPH, CSR planning and implementation, universal PHIC coverage, AI preparedness, and other health issues deemed high priority by local officials and communities. To increase

advocacy, HealthGov uses an approach that emphasizes building and developing partnerships between government and civil society and strengthening their capabilities to undertake health advocacy activities.

During the quarter under review, HealthGov provided 14 provinces technical assistance in partnership-building activities. This TA is intended to strengthen mechanisms for stakeholder participation in health policy-making, implementation, and monitoring; and mobilizing community support for health. The project also continued its advocacy support to the other component TAs such as strengthening local FP programs/CSR, AI preparedness, and achieving universal PhilHealth coverage.

In addition, the project's advocacy component focused on the preparation of the advocacy TA action plan, the sharpening of advocacy support activities in the 23 provinces, and the preparation of the TOR for identified short-term consultants who will develop process designs and modules on advocacy plan implementation, effective championing, and constituency-building for health.

To date, the TA action plan on strengthening LGU-CSO partnership for implementing evidence-based, issue-focused advocacy for health is still being tightened to highlight the "integration of advocacy into the various components and specific issue-driven advocacy actions at the local level."

Technical Assistance to Partnership-building Activities

During the quarter under review, HealthGov provided follow-on TA to core local partners, i.e., DOH representatives, PHOs, and focal NGOs. Specifically, this involved the conduct of partner meetings in the 23 provinces and the sharing of tools for the inventory of LGU special bodies, viz., municipal/city/provincial health boards, local development councils and finance committees, the profiling of NGO/CSO representatives in the special bodies, and the mapping of local health champions. HealthGov drafted the profiling instruments and shared them with local partners. Results of these activities will be reported in the next quarter.

In Luzon, HealthGov provided TA to the Bulacan HealthWatch (*Bantay Kalusugan ng Bulakan* or BKB) in mapping out its direction and advocacy focus for the next two years. BKB is a coalition of local NGOs and people's organizations organized to promote community-led health advocacy and monitoring. It is now recognized and accredited by the provincial government as an active partner in health development. Fifteen of the participating NGOs had taken part in the initial partnership building workshop held in September 2007. The other groups represented were the Bulacan Coalition of 14 NGOs, the Bulacan Federation of Cooperatives, Bulacan Homeowners' Association, and Northville Association, a people's organization with member-communities along the North Rail.

BKB held its visioning workshop on 7-9 February with 30 local NGOs in attendance. In the workshop, BKB and the other local NGOs arrived at a common understanding of BKB's role in the overall health development of Bulacan, including its advocacy to increase LGU support for service delivery and financing. While BKB was able to outline its vision, mission, and goals and the contours of its two-year plan, it needs to sharply define its advocacy actions related to reducing maternal deaths and strengthening FP/MCH and TB prevention programs in the different municipalities. These concerns,

along with lack of funds for health services, high maternal mortality rate, low CPR, low TB detection rate, lack of health personnel, and *Sentrong Sigla* (center of excellence) certification were some of the challenges posed by the Provincial Health Office as possible venues for LGU-CSO partnership for health.

In the next quarters, HealthGov's TA to BKB will require closer collaboration with other CAs such as HealthPRO, PRISM, and TB LINC that have initiated work in the province. In particular, HealthGov and PRISM need to follow up on BKB's intention to help advocate the passage and implementation of local ordinances/resolutions on: 1) client segmentation that will bring financially capable clients to the LGUs' private provider network for FP and MCH services; and 2) PhilHealth accreditation of private providers and health facilities not only to standardize the services of private providers and their facilities but also to address the issues of house deliveries by unskilled birth attendants, delays in transporting patients, and absence of referral partners. With accreditation, patients who are PhilHealth members will be informed of FP and MCH reimbursements through community assemblies and information dissemination.

The same level of coordination is required with TB LINC's UGAT or the government-initiated inter-agency network for TB prevention and control. The Health Education and Promotion Officer (HEPO) representing the Bulacan PHO was assigned as NGO focal person and was tasked to maintain linkages with BKB and other CSOs in the province.

HealthGov provided TA to Isabela's LGU-CSO partnership forum on health held on 12-13 March in Santiago City. In attendance were the heads and senior staff of the Social Action Center, Diocesan Women's Desk of Ilagan, Rural Improvement Club of Isabela, Saranay Center for Alternative Resource Management, Isabela State University Medical Services Department, Pangkaunlaran Development, Inc., World Vision, Episcopal Diocese of Santiago, Federation of Senior Citizens in Isabela, Family Planning Organization of the Philippines, Philippine Association of Government Midwives, Javonilla Hospital/Philippine Medical Society, Philippine Dental Association, Philippine Nurses Association, and University of La Salette-College of Medicine. Also present were representatives from LGU offices such as the PHO, PPDO, PO-IPHO, HEPO, and PSWDO. Resource persons included those from the PHO of Bulacan and CHD-LHAD. It was the first time that the provincial government of Isabela convened the local NGOs and CSOs.

Of the 18 organizations represented in the forum, only two are accredited by the provincial government (viz., Social Action Center and the NGO arm of the Javonillo Hospital). Another group, the Provincial Federation of Barangay Health Workers, actively participated in the recently concluded PIPH planning process in Isabela.

Before this participation, mechanisms for people's participation and LGU-CSO partnerships were not in place in Isabela. The LGU special bodies need to be activated to become potent mechanisms for local governance. The convening of LGU special bodies, notably the Local Health Board and Local Development Council, the accreditation of a number of local NGOs and people's organizations, and the deliberate engagement of NGOs/CSOs in the province's development are important in harnessing the role of NGOs and civil society in health governance. To prepare for these tasks, a core group composed of seven local NGOs and representatives from the PHO was formed. This group immediately met with the Governor on 26 March to discuss the proper identification of indigents for the PHIC Sponsored Program and the convening of the local health board.

The Governor of Isabela admitted that in her previous term, she was not ready to convene the LGU special bodies because she was unsure of NGO support to her administration. This time, with an organized group of NGOs that has reached out to the provincial government through the LGU-CSO partnership forum, the Governor expressed her commitment to immediately convene the LHB. In the next quarter, HealthGov's TA will focus on maximizing the potential of the LGU-CSO partnership to set in motion Isabela's PIPH and increase advocacy for improved services and more resources for health.

In Pangasinan, HealthGov provided TA to the Pangasinan Federation of NGOs (PFNGO) and PHO representatives as they discussed and agreed on the directions of their health partnership. The meeting held in January was also attended by HealthPRO. In this meeting, the PHO representative reported that the provincial government has geared its health programs for 2008 toward servicing the poorest sector. In addition to the province's regular health programs, the Governor set the following health priorities: environmental sanitation, potable water supply, sanitary toilet, deworming of school children, and dental health.

PFNGO is currently monitoring NGO accreditation in the different municipalities and the formation/activation of municipal health boards. In the next quarter, HealthGov's TA will help core partners in Pangasinan generate and use local health data to back up their advocacy with LGU officials and community leaders.

In Nueva Ecija and Tarlac, HealthGov provided TA to the PHOs and local NGO representatives as they initiated their partnership for health. The Health Advocates of Nueva Ecija and the Health Advocates of Tarlac are loose coalitions of local NGOs organized on 4 March and 11 February, respectively to help their LGUs respond to local health challenges. In Tarlac, an orientation for LCEs on the nature, context, and process of PIPH was conducted on 28 February.

In Albay, HealthGov maintained its link with core local partners as it participated in coordination meetings conducted during the quarter. To pursue the agreements reached during the LGU-CSO partnership-building workshop held in December 2007, HealthGov will focus its TA on intensifying the advocacy work of the locally initiated people's alliance. The alliance gained the Sangguniang Panlalawigan's official recognition and accreditation in March. MIDAS, HealthGov's focal NGO in Albay, was instrumental in forming the alliance in 2007.

Inspired by the successful experiences of the Naga City People's Council on LGU-CSO partnership for good governance, the Citizen's Legislative and Sectoral Parliament (CLASP) intends to help the LGUs strengthen community health monitoring and grassroots advocacy for health. It now serves as the province's clearinghouse for NGO/PO accreditation. In the future, CLASP will also play an important role in the province's advocacy for achieving universal PhilHealth coverage.

In Mindanao, HealthGov provided TA to the Zamboanga del Norte partnership-building workshop held on 5-6 February in Dipolog City. The workshop was attended by church-based groups, Lando Bibo's network of community volunteers, NGO members of CODE-Sibugay, Provincial Federation of BHWs, and representatives from P/C/MLGU health offices. It was convened by the Provincial Health Office, the Sangguniang Panlalawigan Committee Chair on Health, and CODE Sibugay. The CHD of Zamboanga Peninsula

provided local partners TA in planning and conducting the activity, and providing resource persons on health.

The workshop was the first gathering of LGU health staff and NGO leaders in the province to discuss local health challenges, understand national directions on health particularly HSR/F1, and identify common ground for LGU-CSO collaboration in support of PIPH. The NGO participants agreed to: 1) strengthen governance in health through integration and mainstreaming of health agenda in development plans of barangays, municipalities, and province, and linking health development to agriculture, environment, and women and children's concerns; 2) organize and capacitate health advocates at the barangay, municipal, and provincial levels so they can better advocate for more resources for health particularly for infectious diseases control and prevention; 3) disseminate correct health information and organize community actions to control and prevent the spread of infectious diseases such as filariasis, capillariasis, and TB; 4) participate in health policy-making processes and policy advocacy; 5) give feedback on quality of health services provided by health centers and hospitals; and 6) participate in monitoring and evaluation of health programs, projects, and activities. The Sangguniang Panlalawigan Committee Chair on Health and the PHO assured the NGO leaders that they will immediately convene a meeting with them to thresh out operational details of the province's PIPH.

HealthGov provided TA to core local partners in Mindanao as they geared themselves for actual advocacy based on their specific health issues and local health challenges. On 23-24 January HealthGov had a follow-up meeting with CHD Caraga to discuss the inventory and profiling instruments that will help them identify local health champions and map out functional arenas of health policy and decision-making in the different municipalities and provinces. CHD Caraga also cited the need to engage the CHD-organized Regional Implementation and Coordination Team and the Caraga HealthNet as venues for collaboration and networking for health in the region. After this meeting, the core local partners in Agusan del Norte composed of the PHTL, PHO, FORWARD, Inc., and AID Foundation, Inc. agreed to conduct the inventory and profiling of LGU special bodies. Also included is the profiling of NGO representatives in these special bodies to determine ways to best capacitate them for meaningful participation in health policy-making.

On 7 February, HealthGov shared with local partners in Misamis Occidental the instrument for the inventory and profiling of LGU special bodies and the NGO/CSO representatives. The core partners suggested the profiling and inventory of the status of inter-local health zones, including the extent of NGO participation in ILHZ or related technical working groups or policy-making boards. The PHO committed to lead the inventory and profiling in collaboration with MHOs and DOH representatives.

In Misamis Oriental, HealthGov assisted in the meeting of core local partners held on 8 February. These partners are the PHO and its technical team, PHTL, DILG, PNAO, and TOUCH Foundation. In this meeting, the CHD-PHTL affirmed the relevance of HealthGov's technical support to strengthening LGU-CSO partnership and advocacy for health. The PHO and DOH Reps agreed to lead the conduct of the inventory and profiling of LGU special bodies and ILHZs, including NGO participation.

HealthGov provided inputs to the core partners meeting held on 14 February in South Cotabato to streamline their advocacy and health promotion activities. HealthPRO attended the meeting.

In the Visayas, HealthGov provided follow-on TA to the Capiz Health Alliance in terms of clarifying their goals and formalizing the organizational structure, collaboration arrangements, and advocacy action planning. HealthGov assisted the alliance in planning for their dialogues with the PHO and Sangguniang Panlalawigan Committee Chair on Health in relation to convening the LGU special bodies and seeking the Governor's recognition of the alliance as a partner in health development.

In March, HealthGov shared with core local partners in Capiz, Aklan, Bohol, Negros Oriental, and Negros Occidental the instruments for the inventory and profiling of local special bodies, monitoring of NGO/CSO participation in local special bodies, and inventory of health-related policies enacted in the last three years. Results of these activities will be reported in the next quarter.

In Capiz, a consultative meeting was with the Provincial Administrator and with the provincial DILG Director to get their views on the possibility of reconvening the Capiz Provincial Health Board. Both said they will support and advocate with the new provincial governor the revival of the Provincial Health Board at the soonest time possible.

During the review period, HealthGov provided core local partners in Negros Occidental TA in formulating their zonal advocacy action plans. The workshop, held on 17-18 January in Bacolod City, was participated in by zonal action officers, NGO representatives, PHO staff, and DRCOs. The workshop resulted in the formation of *Health Watch Negros*, a multi-sectoral coalition of NGOs and LGU staff that will operate in the province's six ILHZs. The coalition aims to help improve the quality of and access to health services by poor Negrenses in the different municipalities.

In Bohol, local NGOs need to call for the activation of LHBs and the expansion of NGO/CSO representation in this special body. Advocacy with the PHO, other LGU health officials, and CHD 7 resulted in the first Provincial Health Board (PHB) meeting after several years of dormancy. The NGO representative in the newly reconvened PHB is the University of Bohol Lying-In Center. PROCESS Bohol is also awaiting a formal invitation to participate in the PHB. In the next quarters, HealthGov's TA will include capacitating the NGO representatives in LGU special bodies as well as RHU health staff who need to intensify their advocacy for LGU support.

Advocacy Support to CSR Implementation

As part of the technical and operational CSR guidelines, the advocacy team developed orientation modules for various audiences such as LCEs, program managers, and other stakeholders including civil society groups. In the Visayas, the CSR orientation sessions will be part of HealthGov's overall TA to the regional and provincial CSR TWG comprising the provinces of Negros Occidental, Aklan, and Capiz. The orientations will be mounted in the next quarter. The Regional CSR TWG 6 is tasked to spearhead a regional-/provincial-level planning workshop designed as a capacity-building initiative for members of the regional/provincial CSR TWGs. TWG members will be equipped with technical inputs to facilitate the analysis of their respective provincial CSR assessment results, and CSR plans updating workshop. The provincial CSR TWG will lead the conduct of their respective provincial CSR assessment results analysis and CSR plans updating workshop. The same process will be done in May for the regional CSR TWG in Region 7.

In Zamboanga del Sur, LGU and CSO partners met in March to discuss how best to address the issue of making available family planning commodities in RHUs. The partners agreed to mount the following advocacy activities in the next quarters: 1) orientation sessions for governor, mayors, and members of the provincial Sanggunian to solicit support such as enactment of local ordinance or resolution on CSR; 2) CSR forums for MHOs, PHNs, and LGU staff (e.g., municipal planning and development coordinators and budget officers) as well as NGOs/CSOs and DOH Reps; 3) NGO/CSO mobilization for *Ligtas Buntis* (safe motherhood) outreach/IEC campaign in the 13 priority municipalities where CPR is low and where FP practice and male involvement in FP need to be stimulated; and 4) dialogues with LCEs for budget support for FP commodities and other supplies.

Advocacy Support to PIPH Formulation

In Bohol, HealthGov's TA focused on advocacy support to PIPH planning and implementation, including facilitating a common understanding of HSR/F1 among local stakeholders. Orientation sessions on HSR/F1 and PIPH for the LMP in Bohol, and for LCEs and key LGU officials in Tagbilaran City and the municipalities of Baclayon and Albur were conducted in March. Resource persons included those from CHD 7-LHAD, PHO, and HealthGov. The sessions generated LCE support and the mandate to draw up the province's PIPH.

HealthGov provided the CHD 7 PIPH team technical assistance in preparing the resource persons and their materials for the training of PIPH planning facilitators in Bohol. In preparation for the actual PIPH development, HealthGov facilitated a one-day technical mentoring of CHD 7 PIPH resource persons to review, finalize the presentation materials, and prepare the resource persons.

Although the provinces of Negros Occidental and Aklan are classified as non-F1 rollout sites, they have drafted their respective province-wide investment plans for health with TA from HealthGov. During the plenary review prior to the joint review by CHDs, PHOs, and other CAs, HealthGov provided TA in ensuring that participation of other stakeholders, particularly civil society groups, in local health governance is integrated in the PIPH.

Advocacy Support to Achieving Universal PhilHealth Coverage

HealthGov provided core partners TA in selling the concept of social health insurance to the mayors in Zamboanga del Sur and engaging the health staff and CSO stakeholders in advocacy for achieving universal PHIC coverage. This workshop was an offshoot of the initial TA that the HealthGov Mindanao Team provided the regional PHIC, DOH Reps, and PHO in their dialogue with the city mayor and other local officials on PHIC's health insurance schemes. Key advocacy activities identified include: 1) courtesy visits and dialogues with mayors, Sangguniang Bayan members, barangay officials, and MLGU officers on social health insurance, enrollment of indigents per barangay, and issuance of a local ordinance on insurance coverage; 2) creation of a task force on universal PhilHealth coverage to spearhead data gathering, options setting to support the multi-payer scheme, and local policy formulation and fund support for indigent enrolment in

PhilHealth; 3) information dissemination among CSOs, particularly socio-civic organizations and informal sector groups.

Advocacy Support to Strengthen AI Preparedness and Local Response

In General Santos City, HealthGov facilitated an initial meeting with the Mayor to orient him on HealthGov's AI technical assistance and the concept of CBEWS, and secure his mandate to proceed with the CBEWS modeling in one of the city's barangays. Mayor Pedro Acharon gave his all-out support to strengthen AI preparedness and response in his city. HealthGov also linked up the City Veterinarian and City Health Officer with the Chair of Population, Health, and Nutrition of General Santos City, and the local Chamber of Commerce to discuss private sector mobilization, especially the owners and operators of fishing industry and commercial poultry, to support local AI preparedness activities. On 28 February, HealthGov provided inputs to the local partners—PHO, PHTL, and the focal NGO, RH Advocates Network—on the need to intensify information dissemination and advocacy with private sector groups, business leaders, fisherfolk associations, commercial poultry operators and growers, and community leaders. Local partners agreed to conduct the inventory and profiling of LGU special bodies and potential champions.

On 24 March, HealthGov facilitated a consultative meeting and orientation of the City Veterinarian, City Health Officer, and a representative of the General Santos City Chamber of Commerce on avian influenza and its economic impact on the private sector. The advocacy team assisted in the two-day training on setting up an AI community-based early warning system in Barangay Bula, General Santos City. The workshop held on 24-25 March was designed for community volunteers.

• IR 1.4 Activities Planned for 3rd Quarter Year 2

- Provide advocacy support to:
 - LGUs in using SDIR results for advocacy with LCEs in low-performing areas
 - focal NGOs in the conduct of community focus group discussions or community consultations to validate SDIR results and determine the best way to mobilize local leaders to implement their acceleration plan
 - secure broad support for the implementation of local HIV/AIDS plans in sentinel sites
 - ensure participation of local NGOs and community/sectoral leaders in the development of LGU preparedness plans, establishing and implementing CBEWS, and operationalizing local AI task forces
- Ensure CSO participation in CSR reviews and planning; PIPH planning in Bohol, Tarlac, Nueva Ecija, Cagayan, and Bulacan; and in formulating the annual operational plan of F1 rollout sites
- Complete the inventory of local health boards, including profiling and capacity assessment of NGO/CSO representatives in LHBs

6. Monitoring and Evaluation

Performance Indicators

During the review period, HealthGov revisited the project M&E plan with the participation of field and technical staff. The objective was to review 1) the OP and HealthGov performance indicators, specifically how these indicators were defined and understood by the staff, the data sources for these indicators, and the frequency of data collection, and 2) the current system of data collection. The review clarified the link between the project's TA interventions and the OP and performance indicators. It also resulted in a data-gathering protocol that standardized the data collection procedure in the field.

Following the M&E cross-training in February, two subsequent meetings with key staff further refined the definition of the performance indicators, which will now be used to review the relevance and link of the activity-level milestones to the indicators.

M&E Information Storage

- **Performance Management Information System (PMIS)**

To complete the PMIS web-based and stand-alone application systems, tools for their operation and use were drafted and reviewed during the reporting period. These tools consist of the manual for the PMIS administrator and users as well as the manual for the web module administrator and website editor.

HealthGov tested the Performance Management Information System with several provincial coordinators to determine how the system's users assess its functionality as well as ease of use at the field level. Their comments and recommendations were taken into account in the system adjustments that were made.

The PMIS web-based application will allow authorized individuals and organizations to conveniently access HealthGov data through the Web. The stand-alone facility of PMIS meanwhile will allow users, specifically HealthGov Provincial Coordinators, to enter data into the database even in areas where Internet access is not available.

- **Training Management Information System (TMIS)**

TMIS enables HealthGov to consolidate and summarize data on trainings conducted with HealthGov support. During the quarter under review, a total of 1,968 individuals were recorded to have participated in HealthGov-assisted trainings and workshops at a total cost of PhP3.6 million. Of this amount, 42.6% was borne by LGU partners and the remaining portion (57.4%) by USAID.

- **Activities Planned for 3rd Quarter Year 2**

- Finalize the project monitoring plan
- Complete the PMIS system with report generation function
- Train HealthGov staff on the use of PMIS
- Download the PMIS to HealthGov staff

7. Financial Report for the Quarter

Presented in Table 3 is the financial summary for the period 1 January to 31 March 2008.