Strengthening Local Governance for Health (HealthGov) Project

Third Quarterly Report, Year 2
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Prepared for
Ms. Maria Paz de Sagun, CTO
United States Agency for International Development/Manila

Prepared by
RTI International
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

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List of Acronyms

AI	avian influenza
AIDS	acquired immunedeficiency syndrome
AIP	annual investment plan
AMHOP	Association of Municipal Health Officers of the Philippines
AOP	annual operational plan
ARMM	Autonomous Region in Muslim Mindanao
BHW	*barangay* (village) health worker
CA	cooperating agency
BEmOC	basic emergency obstetric care
CBEWS	community-based early warning system
BKB	*Bantay Kalusugan ng Bulakan* (Bulacan Health Watch)
CDR	case detection rate
CEmOC	comprehensive emergency obstetric care
CHB	city health board
CHD	Center for Health Development
CHLSS	Community Health and Living Standards Survey
CHO	City Health Office/Officer
CIHSDC	Capiz Integrated Health Service Development Council
CLGU	city local government unit
COP	Chief of Party
CPDO	City Planning and Development Office/Officer
CQI	continuing quality initiative
CSO	civil society organization
CSR	contraceptive self-reliance
CTO	Cognizant Technical Officer
DA	Department of Agriculture
DCOP	Deputy Chief of Party
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
ENCAP	Engineering Civic Action Program
F1	FOURmula ONE for Health
FHSIS	Field Health Services Information System
FP	family planning
FPCBT	family planning competency-based training
FSW	female sex worker
FY	fiscal year
GFR6-HIV	Global Fund Round 6 for Human Immunodeficiency Virus Project

HealthGov	Strengthening Local Governance for Health Project
HealthPRO	Health Promotion and Communications Project
HIV/AIDS	human immunodeficiency virus/acquired immunedeficiency syndrome
HPDP	Health Policy Development Project
HSR	health sector reform
ICV	informed choice and voluntarism
IDU	injecting drug user
IEC	information, education, and communication
IHBSS	integrated HIV/AIDS behavioral and serological surveillance
ILHZ	inter-local health zone
IMCI	Integrated Management of Childhood Illnesses
IPC/C	interpersonal communication and counseling
IR	intermediate result
ISFP	integrated strategic and financial plan/planning
IUD	intrauterine device
JAC	Joint Appraisal Committee
LCE	local chief executive
LFC	local finance committee
LGU	local government unit
LHB	local health board
LMP	League of Municipalities of the Philippines
M&E	monitoring and evaluation
MARP	most-at-risk population
MCH	maternal and child health
MCP	maternity care package
MDR	maternal death review
MEDCAP	Medical Civic Action Program
MHO	Municipal Health Office/Officer
MIPH	municipal investment plan for health
MLGU	municipal local government unit
MNCHN	maternal, newborn, and child health and nutrition
MOA	memorandum of agreement
MOP	manual of procedures
MPDO	Municipal Planning and Development Office/Officer
MSM	male who has sex with male
MSW	male sex worker
NASPCP	National AIDS/STI Prevention and Control Program
NCDPC	National Center for Disease Prevention and Control
NGO	non-government organization
NHIP	National Health Insurance Program
OCW	overseas contract worker
OH	Office of Health
OIDCI	Orient Integrated Development Consultants, Inc.
OP	operational plan
PDC	Provincial Development Council

PE	peer educator
PFNGO	Pangasinan Federation of Non-government Organizations
PHIC	Philippine Health Insurance Corporation
PhilHealth	Philippine Health Insurance Corporation
PHN	Public Health Nurse
PhP	Philippine peso
PHO	Provincial Health Office/Officer
PHTL	Provincial Health Team Leader
PIPH	Province-wide Investment Plan/Planning for Health
PIR	program implementation review
PLGU	provincial local government unit
PMG	Project Management Group
PMIS	Performance Management Information System
PMP	project monitoring plan
PNGOC	Philippine Non-governmental Organization Council for Population, Health and Welfare, Inc.
PNAC	Philippine National AIDS Council
PO	people's organization
PPA	program, project, activity
PPDO	Provincial Planning and Development Office/Officer
PSEP	Public Service Excellence Program
PSWDO	Provincial Social Welfare and Development Office
RH	reproductive health
RHM	Rural Health Midwife
RHU	rural health unit
ROI	return on investment
RTI	Research Triangle Institute
SB	*Sangguniang Bayan* (municipal legislative council)
SDExH	Service Delivery Excellence for Health
SDIR	Service Delivery Implementation Review
SHC	social hygiene clinic
SO	strategic objective
SP	*Sangguniang Panlalawigan* (provincial legislative council)
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
TOT	training of trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

1. Introduction

RTI International and its partners are pleased to submit this third 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 April to 30 June 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 fourth quarter are also outlined in the report.

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

The technical assistance provided during the reporting period is summarized as follows:

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

1. Province-wide Investment Planning for Health (PIPH) – Together with HPDP, provided the DOH Joint Appraisal Committee (JAC) technical support in recording and summarizing key issues raised on each province's PIPH during the technical review of PIPHs of the F1 rollout sites. DOH used this summary as basis for communicating the review results to the provinces

   Provided six *other* provinces and their respective component municipalities (158) TA in PIPH preparation that resulted in the following: Bulacan – mandate to plan secured; Cagayan – training of trainers conducted; Tarlac and Bohol – MIPH activities initiated; Aklan and Negros Occidental – draft plans completed and technical review initiated

2. LGU annual operation planning/annual investment planning (AOP/AIP) – Provided the DOH Bureau of Local Health Development TA in reviewing the AOP supplemental guidelines for DOH's use in LGU engagement, and LGUs' guide in AIP preparation; assisted five provinces, namely Albay, Compostela Valley, Zamboanga del Sur, Zamboanga del Norte, and Zamboanga Sibugay, in preparing their respective AOP; in close coordination with the project's European Commission (EC) counterpart, assisted Pangasinan in finalizing its AOP

3. Contraceptive self-reliance (CSR) – Provided Pangasinan and Bulacan TA in completing their CSR assessment; assisted Zamboanga del Sur and Zamboanga del Norte in forecasting their family planning (FP) commodity requirements and drafting their CSR plans; assisted Sarangani in assessing and validating their FP current users data; in support of these activities, drafted a training guide for CHDs and Provincial Health Offices (PHOs) on population-based forecasting, and an FP current users data assessment tool

4. Procurement and logistics system – Assisted social hygiene clinic (SHC) physicians in HIV/AIDS high-risk areas in the use of forecasting tools for STI (sexually

transmitted infections) supplies and reagents to help determine and prioritize which STI supplies and reagents to procure at any given time

5. Local health information systems – Provided Misamis Occidental TA in the installation and use of Community Health and Living Standards Survey (CHLSS) as basis for identifying the poor; supported the training of CHLSS trainers – consisting of 56 local health and planning personnel and NGO representatives – who will train household enumerators and supervise data gathering and processing; oriented on CHLSS provincial and municipal officials in Isabela, Tarlac, Negros Oriental, and Compostela Valley
6. Local health systems strengthening – Assisted D'BestCa ILHZ (inter-local health zone) board in Negros Occidental in legislating a resolution that approves the formation of a maternal death review (MDR) committee, defines the committee's functions and responsibilities, and urges its component municipalities to support the committee's activities
7. Local health policy development – Developed a technical assistance package on local health policy development, popularly termed evidence-based legislation (EBL), with primary focus on strengthening the role of legislative bodies in health policy formulation and policy tracking; conducted an EBL orientation in Davao del Sur as an initial step towards institutionalizing EBL in the province

IR 1.2 Improving and Expanding LGU Financing for Health

8. Financing and resource mobilization for health programs – In collaboration with HPDP, assisted DOH in preparing guidelines for budget execution and the Maternal, Newborn, and Child Health and Nutrition (MNCHN) Grants Facility; drafted the MNCHN grants primer; provided TA in the estimation of FP commodity requirements of provinces and cities
9. PhilHealth universal coverage – In coordination with PhilHealth, CHDs, and PHOs, assisted the provinces of Aklan, Negros Occidental, and Tarlac in planning for universal coverage of the poor; provided TA in the formation of local teams in Isabela, Albay, Bukidnon, and Misamis Occidental to assist rural health units (RHUs) in applying for facility accreditation, particularly of the maternity care package (MCP)

IR 1.3 Improving Service Provider Performance

10. Service Delivery Implementation Review (SDIR) – In partnership with CHDs, supported the conduct of SDIR in Agusan del Norte, Pangasinan, Tarlac, Nueva Ecija, and Bohol; designed SDIR tools for hospitals in Agusan del Norte and Bohol
11. Service Delivery Excellence in Health (SDExH) – In collaboration with DOH, completed the assessment of the SDExH pilot testing and developed an action plan to expand the number of provinces to be covered by SDExH implementation
12. Family Planning Competency-based Training (FPCBT) Manual – Provided DOH-National Center for Disease Prevention and Control (NCDPC) TA in updating the FP-CBT manual initially through support to a consultative workshop to formulate an action plan for revisions, pilot testing, and training of trainers (TOT)
13. Informed choice and voluntarism (ICV) – Oriented 152 individuals with information on ICV compliance during the SDIR workshop conducted for the province of

Pangasinan, and during the workshop on the revision of the FPCBT Manual; monitored 122 service providers and 117 clients in 83 health facilities spread across 68 municipalities/cities in 6 provinces. These provinces include Abra (7 LGUs), Benguet (4 LGUs), Pangasinan (43 LGUs), Bulacan (1 LGU), Negros Oriental (1 LGU), and Misamis Occidental (12 LGUs).

14. HIV/AIDS – Provided TA to the cities of Cebu, Zamboanga, and Davao in completing their HIV/AIDS integrated strategic and financial plans (ISFP); initiated TA to enable the cities of Cebu, Mandaue, and Lapu-Lapu to develop an HIV/AIDS collaboration framework for Metro Cebu starting with an assessment of the socio-political and policy environment to identify opportunities for, obstacles in, and potential areas for tri-city collaboration in the areas of STI/HIV/AIDS surveillance, prevention, treatment, care, and support; assisted HealthPRO in the conduct of TOT for HIV/AIDS interpersonal communication and counseling; in collaboration with DOH-GFR6 project, provided TA in the training of 67 most-at-risk populations (MARPs) as peer educators; provided TA to the DOH-National AIDS/STI Prevention and Control Program (NASPCP) in the review, update, and improvement of the manual of procedures (MOP) for social hygiene clinics

15. Avian influenza (AI) – Assisted DOH and the Department of Agriculture (DA) in providing TA in AI preparedness and response planning to 237 representatives from 14 provinces, 14 cities, and 43 municipalities consistent with the government's AI protection program; supported the training of trainers for the installation of an AI community-based early warning system (CBEWS) in the provinces of Agusan del Norte, Davao del Sur, and Sarangani; assisted Barangay Bula, General Santos City, in enhancing its strategies for ensuring greater community awareness and participation in bird flu watch

16. Tuberculosis (TB) – Supported the training on direct sputum smear microscopy (DSSM) of selected medical technologists from Agusan del Norte and Zamboanga del Norte

IR 1.4 Increasing Advocacy on Service Delivery and Financing

17. Provided support to PHOs, municipal health officers (MHOs), and DOH representatives (DOH Reps) in engaging local NGOs in the development of LGU preparedness and response plans for AI and forming AI task forces; ensuring community participation in CBEWS and TB prevention and control; and ensuring NGO/CSO participation in health planning, local health policy development, CSR review, SDIR, and PIPH development

Collaboration with partners and stakeholders

18. Collaborated with DOH and other USAID cooperating agencies (CAs) by leading and participating in the various meetings of technical working groups (TWGs) as well as other project-related activities

3. Issues and Concerns Encountered During the Report Period

The reproductive health (RH) commodity support program that UNFPA is currently implementing in partnership with the League of Municipalities of the Philippines (LMP) aims to cushion the impact of donated contraceptive phase-out. While this may help LGUs that cannot afford to procure FP commodities at this time, HealthGov sees this as a short-term response to a long-term challenge, one that would erode the progress in contraceptive self-reliance that has been charted in the last three years. One, it would undermine LGU efforts to appropriate funds for FP commodities in the spirit of developing self-reliance and taking on the responsibility for assuring the availability of contraceptive supplies for current and future needs. In this regard, UNFPA needs to clarify issues like how long will UNFPA implement the program? Will UNFPA be able to sustain and support all municipalities who have expressed interest to join the program? Does the program have any sustainability provisions? For instance, does UNFPA see the LGUs assuming the full cost of contraceptives at some point in time as against paying only for 20-40% of the cost as they are currently required?

Second, unless there is clear segmentation of clients such that the poor are identified and given priority over the non-poor, and those who can afford are shifted to private providers, UNFPA's RH commodity support program would thwart the CSR goal of expanding private sector participation in CSR. Without clients to serve, private sector will have no motivation to share the responsibility for pushing CSR forward.

Third, UNFPA uses consumption-based forecasting of commodity requirements which is not exactly reliable. It is not based on total current and future contraceptive requirements of married women of reproductive age. Underestimation may lead to the procurement of a much lesser volume of contraceptive supplies than is required, and consequently to greater unmet need.

HealthGov is mandated to provide CSR TA to all its 23 target provinces. There is an urgent need to reconcile the strategies and approaches of the UNFPA RH commodity support program with the CSR interventions that HealthGov has planned with these provinces, and with the DOH MNCHN grant of PhP150 million for LGU CSR activities. In light of this, HealthGov will take the following actions:

- Together with other concerned CAs, initiate meetings with UNFPA and LMP to discuss and recommend more sustainable approaches to the provision of free contraceptives to LGUs (e.g., focus on 5th and 6th class municipalities as beneficiaries)
- Discuss with UNFPA and LMP the use of appropriate forecasting, procurement, and distribution tools
- Field staff to hold coordination meetings with UNFPA area coordinators and LMP provincial chapters to gather more information and agree on areas of collaboration and complementation

HealthGov recommends that the national CSR TWG takes up the issue, resolves potential areas of conflict, and identifies areas of complementation and augmentation.

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

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

- Provide Tarlac and Cagayan TA in PIPH formulation
- Provide all F1 rollout sites TA in AOP/AIP formulation
- Provide Davao del Sur follow-on TA in local health policy development
- Provide Albay and Pangasinan TA in CSR+ assessment
- Provide all F1 rollout sites TA in enhancing CSR+ plans
- Provide *other* provinces TA in CSR+ planning
- Document CSR tools
- Provide CHLSS TA to Isabela (implementation planning), South Cotabato (TOT), Negros Oriental and Misamis Occidental (supervision of rollout training of data collectors)
- Finalize generic CHLSS questionnaire, coding manual, and manual for interviewers and supervisors

IR 1.2 Improving and Expanding LGU Financing for Health

- Orient all 23 provinces on accessing the MNCHN grant
- Prepare detailed proposal on TA in improving PhilHealth benefit delivery
- Provide DOH ARMM TA in reviewing NHIP implementing rules and regulations, and recommending changes to PhilHealth
- Provide all F1 rollout sites TA in work and financial plan preparation

IR 1.3 Improving Service Provider Performance

- Conduct an SDExH training of trainers for selected CHDs and PHOs
- Develop a facilitators guide for SDIR
- Conduct a TOT for the use of the Family Planning Competency-based Training Manual and PHN Supervision Training Manual
- Provide the cities of Pasay and Mandaue follow-on TA to complete their HIV/AIDS integrated strategic and financial plan
- Provide LGUs with AI critical areas TA in establishing CBEWS and complying with AI preparedness and response requirements
- Conduct an indepth, undated TB assessment of non-TB LINC provinces and develop province-specific TB plan for Year 3 to address USAID OP indicators
- Complete the feasibility study of HIV/AIDS collaboration for Metro Cebu

IR 1.4 Increasing Advocacy on Service Delivery and Financing

- Provide local partners follow-on advocacy support to CSR and FP, AI, and TB programs
- Complete the inventory of local health-related policies
- Complete the inventory of local health boards (LHBs) and profiling 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, several staff changes occurred in the project. Both the M&E Specialist and AI Specialist resigned in April 2008. Subsequently, an active search for replacements was undertaken. Meanwhile, Noemi Bautista was hired to fill the position of Health Policy and Systems Specialist, and Remedios Pascual came on board as the project's Senior Human Resources Manager. Three new staff joined the administration and finance team thereby reinforcing the team's capacity to provide project support. The new staff are Jacqueline Calungsod, Accountant; Maria Cristina Beriña, Executive Assistant; and Florencia Benignos, General Services Assistant.

From 23-27 June the Chief of Party (COP) attended the annual COP conference at RTI's main campus in North Carolina. About 30 RTI COPs from around the world and RTI's home-based management and support staff met to debate RTI's strategic directions, share project experiences and best practices, and discuss project management and implementation issues. The COP participated in all plenary sessions and working group discussions and presented a best practice case study on service planning and budgeting, with the objective of reviewing approaches, tools, and practices developed by projects and partners to improve service planning, financing, and management.

The Project Management Group (PMG) continued to hold regular weekly meetings to review, discuss, and address project issues and concerns that require immediate attention. The minutes of these meetings are circulated to inform the staff of actions taken by PMG. The regional teams also conducted their respective team meetings.

Mid-year Update of Annual Work Plan

On 14-16 April, the management and key field and technical staff of HealthGov held a meeting in Tagaytay to review the project's achievements in the first six months of Year 2. The meeting also served as a mid-year updating exercise to identify current challenges and emerging national, regional, and local realities that underpin or undermine the implementation of project interventions. Based on these, project activities for the remaining six months of Year 2 were calibrated. However, the need to reflect these in more detailed province-specific work plans also surfaced. Hence, a follow-up workshop was held on 6-8 June to allow the regional teams to finetune the provincial TA plans and align TA interventions with the HealthGov integrated performance monitoring and evaluation plan (PMEP) resulting in updated/calibrated provincial TA interventions. This workshop was held in Sogod, Cebu.

Following the Cebu workshop, the project's Cognizant Technical Officer (CTO) requested for a presentation of the different provincial profiles and TA plans starting with the provinces of Pangasinan, Bohol, and Sarangani. A strategic TA "handle" for each province was identified with corresponding TA interventions. This initial presentation led to a decision to hold separate regional meetings for the purpose of reviewing the other

provincial profiles based on the situation of the province, the work of other donors, and the TA of other USAID CAs. This regional review/consultation was started in Visayas and was held on 24 June in Bacolod. The meeting resulted in the following strategic handles or rallying themes for the Visayas provinces:

- Aklan: Generating internal and external resources in support of other health programs and PIPH
- Capiz: Increasing utilization of health services
- Negros Occidental: Zonal approach to managing health outcomes
- Bohol: Maximizing public-private partnership in strengthening health performance
- Negros Oriental: Building on the gains of the province's health care financing experience

The Luzon review will be conducted on 4-8 July and that for Mindanao on 8-9 July using the same format.

Corporate Management and Technical Support Visits

During this report period, the following technical assistance visits of experts from RTI International and JPHIEGO were completed:

Dr. Edgar Nicochea, JPHIEGO's Senior Advisor for Quality and Performance Improvement, visited the project from 25 March to 5 April to assist DOH and HealthGov improve the SDExH modules. He provided the following recommendations: Of the five modules, alter the standard-setting steps in Module 2 which should begin with establishing real cycles of services based on defined processes of care and evidence-based standards. For instance, establish the recommended cycle of service for deliveries, or ante-natal care, or TB or family planning, using technical guidelines or protocols. After this step has been completed, present the methodologies for customization of the cycles of service, starting with the customization of one or two key moments of truth in each cycle. This would allow the SDExH process to start with solid evidence-based realities customized to local realities.

Dr. Nicochea noted that the most significant change attributable to the introduction of SDExH was a more client-focused attitude among health workers. The standards set in facilities focused mainly on client friendliness while technical standards were not as clearly defined. He also observed that there seems to be insufficient dissemination among health providers of updated evidence-based practices in some areas of clinical care such as deliveries. This may be an obstacle to setting and understanding technical standards. Dr. Nicochea also forwarded the following recommendations:

- Develop basic sets of quality standards for the four technical areas selected by the project: maternal care, reproductive health, TB, and STI/HIV. These standards will serve as basis for the service cycles and customization.
- Begin with one technical area in the next months to obtain clear improvements in most facilities in the provinces selected and demonstrate that the approach is effective and can be scaled up.
- Link the improvement process with the dissemination of evidence-based clinical practices and training. HealthGov should support DOH in these dissemination efforts and in strengthening its clinical training system, beginning with maternal care.

The recommendations of Dr. Nicochea will be considered in the finalization of the SDExH modules and operational guidelines.

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 in assisting the government to roll out the AI preparedness and response system among LGUs and *barangays* (villages) during FY08 in AI critical areas, especially those in HealthGov project sites. Ms. Linehan recommended the following follow-up activities:

- Monitoring – HealthGov should conduct an AI presentation for all headquarter-based staff who oversee field operations. This would update team members about the new set of activities, and potentially allow non-AI staff to integrate oversight of AI preparedness and response during field visits as part of regular oversight.

- Update training – Following the completion of the LGU preparedness plans and the CBEWS training, there will be a continuing need for LGU and community AI task force members to be updated on and reminded of key issues and their roles. It will not be enough to train them and leave them alone especially if the Philippines continues to be bird-flu free while other parts of Asia report incidence of AI-associated deaths. Regular updates to motivate LGUs and communities will be necessary as long as AI remains a regional and global threat.

HealthGov should assume a strong role in working with other partners to develop information, education, and communication (IEC) materials that are tailored to the different concerns of and AI transmission issues in various geographic regions. Currently, available posters are widely seen as inadequate, hard to understand, and ineffective. Specific approaches that came from LGU and *barangay* (village) discussions include the following:

- Short video stories targeting a general audience that demonstrate CBEWS and clarify to communities and task force members their specific roles: what to do if bird flu is suspected, and what will happen when a report is made
- TV advertisements that focus on a few simple messages about what everyone can do to prevent transmission (viz., hand washing, avoid contact with sick/dead birds, cough manners, cook poultry thoroughly, report to authorities)
- Presentations on the potential impact of AI on the economy intended to raise awareness and mobilize business community resources
- Radio talk shows to allow communities to put forward their questions to local officials

Ms. Linehan recommended the following action points:

- Finalize the LGU preparedness planning training manual. HealthGov staff Dr. Roy Gavino will take the lead in ensuring that the regional and national AI task force comments are incorporated into the field-tested draft for use in the first batch of LGU preparedness planning in Davao City.
- Finalize the CBEWS training manual. Once the comments of the National AI Task Force are incorporated, this training package will be completed. The manual is ready for use by LGU AI task forces.

- Clarify funding sources for CBEWS rollout. LGUs seem to expect that HealthGov will provide these resources.
- Work with partners on IEC materials development. This is particularly important given the lack of good IEC materials at the LGU and community levels, and the need to develop messages that address the specific local concerns highlighted during the field visit to Davao.
- Develop a monitoring checklist for LGU-level AI activities. Following completion of the preparedness plans, HealthGov will need to follow up on CBEWS rollout and IEC materials distribution, and formally report any incidence of AI.

The results of Ms. Linehan's visit were integrated in the project's work plan for AI.

Catherine Fort, RTI's Deputy Director for International Health and who also serves as the project's senior advisor, made a project visit on 7-28 April and completed the following tasks and results:

1. Reviewed advocacy work plan and activities for content, focus, and link to HealthGov result areas and deliverables, and to better integrate these activities into HealthGov project work as a whole

   Working with the advocacy team and other HealthGov staff members, Ms. Fort reoriented advocacy from being a standalone program to an integral part of technical assistance interventions under IRs 1.1, 1.2, and 1.3 (management systems, finance, and health services), and ensured they are directly linked to result indicators, milestones, and the core program areas of the project (viz., TB, MNCH, FP, HIV/AIDS, and AI). Advocacy interventions under IR1.4 were also sharpened with focus on strengthening civil society participation in LGU policy making, planning, and budgeting, including strengthening civil society participation in functional local health boards.

2. Attended field operations mid-year review workshop with the project team and USAID CTO and provided technical inputs

   The mid-term review was a very useful exercise because it allowed senior HealthGov headquarters and regional staff to share key lessons learned and problems encountered and get the CTO's feedback on priorities and proposed activities for the last half of FY08. It also helped address issues that were left hanging since the submission of the FY08 work plan in September 2007. Resolving these issues and the mid-term review itself will set the stage for FY09 work planning.

3. Participated in the review and update of HealthGov performance indicators in the project Performance Monitoring Plan (PMP) and worked with the project team to clarify USAID expectations on operational plan (OP) indicators

   With senior staff, Ms. Fort did a complete review of HealthGov's performance indicators as part of preparations for the mid-year project review with HealthGov's CTO and the Cooperating Agency PMP review scheduled for the end of April. Although OP indicators are determined by the USAID Mission in consultation with USAID/Washington, HealthGov staff still have some latitude to "finetune" these as well as the HealthGov performance indicators, milestones, and targets to better reflect project goals and priorities and actual project experience. As the project is

implemented, some finetuning will also be needed to ensure that performance indicators reflect the appropriate LGU focus (province versus municipality versus city). OP indicators will only be reported at the provincial level.

The COP, Deputy Chief of Party, Health Services Team Leader, and Ms. Fort met with the CTO and USAID Office of Health Project Management Specialist for M&E to iron out differences in expectations and plot a way forward with regard to target setting and reporting on the OP and HealthGov performance indicators:

- The team explained that 1) in some LGUs the incidence of certain health problems (e.g., TB) is low and that project targets reflect this reality; 2) HealthGov activities are one step removed from actual clinical training and service delivery and target setting reflects what management thinks the project can actually accomplish during its life. The CTO also explained that HealthGov's role is often indirect since the project focuses on systems and that there is no corresponding budget for certain trainings. Thus the project must ensure that LGUs pay for their staff's training in key health areas.

- USAID made it clear that all OP indicators must be included in the HealthGov PMP but OP targets need only to cover 2008 for now. HealthGov performance indicator targets must cover the life of the project.

The general conclusion during the meeting was that HealthGov's PMP needs to clearly lay out project assumptions to justify targets and that the project needs to make sure that HealthGov performance indicators are contributing to health outcome (i.e., OP) indicators.

HealthGov staff need to carefully monitor this and continue to seek clarification and guidance from the CTO. Too far a deviation from the current scope of work to meet OP targets may necessitate amending the Cooperative Agreement.

4. Met with local subcontractors (PNGOC and OIDCI) and clarified their roles and responsibilities and work on processing outstanding modifications as needed

<u>PNGOC</u>

Over the last five months, PNGOC and RTI developed a strategy to modify PNGOC's agreement to remove workshops, travel, and other program activities from their budget and put these activities in the general (RTI) budget. The one exception was to allow PNGOC to continue with its planned small grants program. It was also agreed that PNGOC staff dedicated to HealthGov should operate within the HealthGov team at headquarters and in each of the three regional offices. This will allow for more effective integration of PNGOC advocacy activities into the overall HealthGov program.

PNGOC developed a new budget and scope of work, which has been submitted to RTI's subcontracts office for processing. In addition, each regional office now has a PNGOC staff member working closely with his/her counterpart HealthGov advocacy specialist and the rest of the HealthGov field team.

OIDCI

The COP and Ms. Fort completed the justification to modify OIDCI's Task Order #3 to cover cost overruns associated with the quick mobilization and extra survey work conducted at the request of RTI. Under Task Orders #2 and #3, OIDCI has done an excellent job of quickly mobilizing and conducting baseline data collection for OP indicators. M&E-related survey and data collection work is a role OIDCI must continue to play for HealthGov. There are several OP and performance indicators that may require some special studies to collect indicator and milestone data for end-of-year reports.

OIDCI is interested in playing a more consistent and longer-term technical role in the project. It is not clear at this time that long-term M&E TA is required from OIDCI, but as demand for survey and data collection work increases OIDCI will continue to play a useful role executing task orders for these services.

5. Helped the team to identify areas where certain headquarter functions can be proposed to be decentralized, starting with the payment of local subcontractor invoices and consultants from Manila

   Having a strong grants and contracts specialist and HR officer on the team would help RTI headquarters determine which, if any, central functions could be feasibly delegated to the field. Highly desirable, among others, would be functions related to drawing up and signing of agreements with local consultants from the RTI/Manila office. Current RTI policies prohibit this practice and any change in this arena would be on the distant horizon. However, it was proposed, and accepted by RTI headquarters, that RTI/Manila pays directly local subcontractors and consultants, which is a very positive step.

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 project implementation activities.

In preparation for an inter-CA program implementation review originally scheduled in July, the Visayas regional team held a series of meetings with the other CAs to harmonize provincial data and information and come up with provincial documents that outline the TA provided not only by HealthGov but also those of the other CAs and donor agencies.

Project Support to Other USAID Activities

- **2008 Pacific Partnership in Samar**

HealthGov supported the 2008 Pacific Partnership in Samar by coordinating with key officials of DOH-CHD, Calbayog CHO, Gandara and Santa Margarita RHUs, Western Samar PHO, Samar Medical Society, Plan Philippines, and Commission on Health Care. The project's coordination efforts provided the 2008 Pacific Partnership planners information on LGUs recommended for the partnership, people and contact numbers, sites for the MEDCAP/DENCAP/ENCAP, agencies' commitment to support the event, and the required logistics. In addition, the project participated in monitoring the preparation, coordinated with the CHD and the Governor to resolve certain issues, and participated in the actual MEDCAP activities. HealthGov also provided 750 vests for the volunteers and participated in the celebration of the partnership's achievements.

The 2008 Pacific Partnership team and the volunteers in Samar were proud of their achievements and the friendship that was forged between them. In two weeks, the partnership served more than 9,625 medical clients and 2,233 dental patients from Calbayog City, the municipalities of San Isidro in Northern Samar, and Santa Margarita and Gandara in Western Samar.

Five major engineering projects were completed from 10 May to 14 June. These consisted of the construction of Calbayog Main Health Center, and general repairs on Santa Margarita Main Health Center and its *Botika sa Barangay* (village pharmacy), Gandara District Hospital Water System, and Gandara Main Health Center.

Bishop Isabelo Abarquez blessed the newly constructed Calbayog Main Health Center. Ambassador Kenny turned over the key of the center to the city Mayor. The health center will serve a population of 50,000. It will provide MCH, FP, TB control, and STI/HIV/AIDS services, among others. Key leaders of the different partners in the 2008 Pacific Partnership in Samar witnessed the blessing of the center.

US Ambassador Kristie Kenny led the celebration of the 2008 Pacific Partnership achievements on 14 June at the Tiburcio Tancinco Memorial Institute of Science and Technology. The event was participated in by Department of Foreign Affairs Assistant Secretary Custodio, the team leaders of the 2008 Pacific Partnership in the Philippines – Captain William Kearns of the US Navy and Captain Kristi Mercado of the Philippine Navy – and the political leaders of Western Samar, Northern Samar, Calbayog City, and the municipalities of San Isidro, Gandara, and Santa Margarita.

Also present during the event were those who contributed to the partnership's success, specifically the US MEDCAP/ENCAP teams and the Armed Forces of the Philippines, DOH-CHD, Commission on Health Care, Samar Medical Society, volunteers from DOH and the different LGUs, Christ the King School of Nursing, Commission on Health Care, Samar Medical Society, Philippine National Police, Calbayog City Mayor Mel Sarmiento, and committee members who actively participated in planning, coordinating, and implementing the MEDCAP/ENCAP activities.

5.2 Project Implementation Activities

HealthGov activities during the review period focused on technical assistance provision to partners and stakeholders in 23 project-supported provinces. These activities are described below.

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

Investment Planning for Health

- **F1 Rollout Sites**

During the reporting period, HealthGov assisted the seven F1 rollout sites in preparing for the PIPH review by the DOH Joint Appraisal Committee.

HealthGov along with HPDP provided during the JAC review on 7-10 April 2008 technical support in recording and summarizing key issues raised on each province's PIPH. DOH used this summary as basis for communicating the review results to the provinces. Immediately after the review, HPDP, HealthGov, and PRISM met on 11 April to plan the TA that USAID CAs will provide DOH and the provinces in addressing the JAC recommendations. The identified TA includes helping DOH draft the memorandum of agreement (MOA) between DOH and the provinces, and the guidelines for AOP preparation.

Following JAC's concurrence with the seven PLGUs' PIPH, the provinces will formally enter into a MOA with DOH to pursue joint activities leading to improvements in health service delivery.

Five of the seven F1 rollout sites proceeded to prepare their annual operational plan, the final step of the PIPH process. These provinces are Albay, Compostela Valley, Zamboanga del Norte, Zamboanga del Sur, and Zamboanga Sibugay. The AOP serves as the basis for the annual allocation of resources to implement the interventions identified in the PIPH. For HealthGov and other USAID CAs, the AOP is also an opportunity to ensure that Strategic Objective 3 (SO3) concerns are reflected in the operational plan of the rollout sites. Toward this end, HealthGov initiated technical assistance to help the rollout provinces prepare their 2008 and 2009 AOP.

For starters, HealthGov helped review the draft AOP supplemental guidelines on AOP preparation issued by DOH Bureau of Local Health Development, including the instructions for preparing the AOP and accomplishing the AOP matrix. The matrix provides the requisite information for DOH's engagement with the LGU and for preparing the annual investment plan. With the project's assistance, the revised AOP was tested out among LGUs that participated in the AOP/AIP orientation of the Compostela Valley planning team.

HealthGov also designed a workshop-based process to generate the basic information required to complete the AOP. Subsequently, the two-day workshop design was improved and customized to suit the needs of the rollout sites. All five rollout provinces mentioned above used the workshop design. They will complete in the succeeding

months the different sections of the AOP, including the AOP table; the training, public finance, and procurement sub-plans; and the AOP narrative. They will also conduct consultations with key officials to confirm their commitment to implement the PIPH and AOP.

Meanwhile, Sarangani will hold its AOP preparation workshop on 8-10 July. Isabela, on the other hand, has decided to prepare its AOP in its own time.

- ***Other* Provinces**

With the *other* provinces adopting the F1 track of health investment planning, HealthGov assisted five of these provinces, including the 158 municipalities they cover, in preparing their PIPH. The project's TA resulted in securing a mandate to plan in Bulacan, the conduct of a training of trainers in Cagayan, planning activities initiated in Tarlac and Bohol, and a draft plan completed and initially reviewed in Aklan and Negros Occidental.

The MLGUs in Bohol and CHD 7 provided counterpart funds to support planning activities of municipal clusters. In Tarlac, the Governor issued an executive order that formally organizes a team to guide the planning process. The province also allocated counterpart funds for the planning activities. In Negros Occidental, the PHO has presented the PIPH to the Provincial Health Board.

- **F1 Provinces**

Working closely with its EC counterpart, HealthGov assisted Pangasinan in finalizing its annual operational plan.

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**

<u>Technical Assistance Provision</u>

Following the completion of the CSR+ assessment that Bulacan conducted with HealthGov TA, the Provincial Health Office validated and finalized the findings with the Municipal Health Officers. Thereafter, the assessment results will be presented to the Governor and mayors. The PHO will use the findings to inform the province's CSR+ planning. The results will also provide the building blocks for the advocacy tools and messages that will be packaged to get LCE support to CSR+ implementation.

In Mindanao, HealthGov supported the provinces of Zamboanga del Norte (27M/CLGUs) and Zamboanga del Sur (27M/CLGUs) in formulating their CSR+ plan with focus on policy choices, estimation of FP commodity requirements for the poor and non-poor, planning for the required investment for FP commodities, identification of the poor, capacity building for service delivery, and integration of family planning in MNCHN. Using the HealthGov-developed forecasting tools on FP, micronutrient, and TB commodities,

the project assisted the two provinces in forecasting their requirements for 2008-2012. They defined as well their appropriations for the poor, including the budget gaps.

As a follow-on, Zamboanga del Norte will develop a mechanism at the ILHZ level that would help them present the CSR plan to their LCE. They will work closely with PhilHealth to explore financing options for CSR. They will package the CSR plan as an advocacy tool in relation to availing of DOH's MNCHN Grant Facility.

In Sarangani, HealthGov assisted the municipality of Glan in assessing and validating their CSR data to enable the MLGU to prepare and finalize an appropriate CSR plan. The MLGU found it necessary to review the data after they discovered various discrepancies in the figures. For instance, many clients who are beyond the reproductive age have not been dropped off from the target client list resulting in an overestimation of current users. HealthGov thus developed an approach to assessing current users data. The MLGU will complete the data review and consolidate the findings. These results will be used in developing management and supervisory tools that will alert the MHO and Public Health Nurse (PHN) on the accuracy and soundness of the Rural Health Midwives' reports.

During the review period, HealthGov supported the province of Albay in orienting LGUs on CSR and the MNCHN strategy.

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

To fill in the lack of forecasting tools for STI drugs, supplies, and reagents, HealthGov updated the STI drugs forecasting tool developed in February 2008 and developed tools for the two other STI commodities. The draft tools were presented to participants of the writeshop on updating the manual of procedures for social hygiene clinics. (The writeshop was organized by DOH-NCDPC with HealthGov technical assistance.) The tools were finalized based on the participants' comments, and thereafter were incorporated in the MOP. HealthGov assisted SHC physicians in the use of the forecasting tools.

- **Strengthening LGU Health Information System**

Taking off from HealthGov's TA to Misamis Occidental in the conduct of the Community Health and Living Standards Survey provided in the preceding quarter, the project supported the training of trainers – consisting of 56 local health and planning personnel and NGO representatives – who will facilitate the training of local household enumerators and supervise data gathering and processing. HealthGov demonstrated how the final data would look like once processed, and how they will be analyzed to provide information on eligible beneficiaries such as the poor based on their living standards ranking.

Sixty *barangay* (village) health workers (BHWs) in one municipality have completed the training of enumerators and are now conducting the household survey. Four other municipalities are training their BHWs on household enumeration.

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 in Misamis Occidental adopted CHLSS as an LGU-based local data generation tool for identifying program beneficiaries.

HealthGov provided Negros Oriental technical assistance to implement CHLSS as a client classification system. As a first step, the project oriented on CHLSS 83 stakeholders from 17 LGUs. These consisted of municipal and city health, planning, and social welfare officers; PHO staff; DOH Reps; and CHD 7 staff. The CHLSS instrument previously prepared and pretested was presented by the CHLSS consultant to generate inputs from the LGU representatives. Suggestions and inputs were taken into account in the revision of the questionnaire.

In a parallel advocacy move, the CHLSS Provincial Management Team briefed local chief executives (LCEs) on the province-wide rollout of CHLSS. This briefing resulted in the mayors' approval of the request to fund the training of CHLSS data collectors.

HealthGov supported the conduct of a TOT for CHLSS supervisors held on 21-22 May. In all, 60 participants from 22 municipalities and cities went through mock interview sessions to get a feel of how the survey will be run. They also did exercises on editing the accomplished questionnaires. Participants presented their insights and the difficulties they encountered in the mock interviews. These inputs were factored in during the revision of the questionnaire.

Thus far, two LGUs – Dumaguete City and Bayawan City – have conducted an enumerators' training. Data gathering will commence once the questionnaires are reproduced. Release of the budget for questionnaire reproduction is still pending until the *Sangguniang Panlalawigan* (SP, provincial legislative council) approves the resolution that mandates this budget.

The provinces of Isabela and Compostela Valley have also decided to adopt CHLSS as their client classification tool. In this regard, HealthGov gave provincial officials a CHLSS orientation on 20 May and 27 May, respectively. The project will provide the PLGUs follow-on TA upon their request.

On the request of the Regional Implementation and Coordination Team (RICT) of Region 10 made through CHD 10, HealthGov oriented the RICT on the interface of CHLSS with other client classification tools. The orientation was intended to avert possible confusion among the LGUs, particularly HealthGov project sites, on which client classification system to adopt.

- **Strengthening Local Health Policy Development**

HealthGov, together with a local consultant, developed a technical assistance package on local health policy development, popularly termed evidence-based legislation (EBL). EBL puts strong emphasis on the utilization of health data and information (e.g., FHSIS data) – by LCEs, legislative bodies, local finance committees, and local health boards – in policy formulation and tracking. The TA package comprises a product development phase where stakeholders – CHD, PLGU, CSOs – develop the framework, key EBL

steps, processes, tools, and content as well as the training design to be used in capacitating the regional and provincial EBL TA team. The TA package also covers assistance in capacitating the local EBL team to formulate and implement an EBL action plan. Lastly, it includes support to policy tracking to determine whether the policies were implemented according to the intent they were made, monitor and evaluate if the intended objectives were achieved, and cull out lessons and insights in aid of legislation.

As a follow-on to HealthGov's March 2008 discussion with the Davao del Sur Sangguniang Panlalawigan on institutionalizing EBL in the province, HealthGov conducted an EBL orientation on 26-27 June.

IR 1.1 Activities Planned for 4th Quarter Year 2

- Provide Tarlac and Cagayan TA in PIPH formulation
- Provide all F1 rollout sites TA in AOP/AIP formulation
- Provide Davao del Sur follow-on TA in local health policy development
- Provide Albay and Pangasinan TA in CSR+ assessment
- Provide all F1 rollout sites TA in enhancing CSR+ plans
- Provide *other* provinces TA in CSR+ planning
- Document CSR tools
- Provide CHLSS TA to Isabela (implementation planning), South Cotabato (TOT), Negros Oriental and Misamis Occidental (supervision of rollout training of data collectors)
- Finalize generic CHLSS questionnaire, coding manual, and manual for interviewers and supervisors

IR 1.2 Improving and Expanding LGU Financing for Health

Technical Assistance Provision

HealthGov assisted DOH in preparing a primer on its Maternal, Newborn, and Child Health and Nutrition (MNCHN) Grant Facility. DOH will award the grant to LGUs that would like to undertake MNCHN initiatives over and above their regular programmed health activities. These MNCHN activities include 1) making available a network of public and private providers to provide the MNCHN service package, 2) securing sustained supply of essential commodities for family planning and other MNCHN applications, and 3) undertaking localized behavior change campaigns which aim to improve MNCHN outcomes.

The primer defines the MNCHN strategy and the grant facility. It identifies what the grant covers as well as the amount it will provide. It also lists the steps in the implementation of the grant and the DOH unit involved in each step.

Apart from drafting the primer, HealthGov provided TA in the estimation of FP commodity requirements of provinces and cities. This TA supports one of the identified activities that the MNCHN Grant Facility will support.

During the quarter under review HealthGov supported the health investment planning and PIPH appraisal of the seven project-supported F1 rollout sites. HealthGov provided the provinces inputs to effectively cost activities as well as identify the appropriate structure for implementing them.

Meanwhile three o*ther* provinces, namely Aklan, Bohol, and Negros Occidental, that have started to prepare their PIPH were oriented on the processes of costing and financing. HealthGov also provided them with the costing manual and oriented them on the process of estimating PhilHealth premium.

Coordinating with Partners and Stakeholders

During the quarter under review, HealthGov, through the LGU Governance Team Leader, led discussions on and provided inputs to the inter-CA PhilHealth Technical Working Group's proposed TA to help improve PHIC's benefit delivery. Two major activities of the TWG are 1) assisting DOH and PhilHealth in developing a financing strategy for priority health services, with attention to improving PhilHealth benefit delivery, and 2) providing DOH-ARMM and PhilHealth TA in reviewing, and possibly revising, the implementing rules and regulations of the National Health Insurance Program to facilitate ARMM's achievement of universal coverage taking into account the region's unique and difficult circumstances.

Under HealthGov's leadership, the TWG put together and discussed in a USAID COP meeting a concept paper on the first TA. Improving PhilHealth benefit delivery essentially involves 1) adopting a financing strategy that identifies the respective roles of DOH, PhilHealth, and LGUs; 2) adopting a benefit delivery approach instead of a benefit specification approach (the former includes specifying benefits and addressing barriers to benefits delivery related to enrollment, accreditation, and provider payment, among other things); 3) focusing on priority health services, viz., MNCHN, TB, and STI/HIV/AIDS; and 4) emphasizing the social safety net purpose of social insurance.

In addition to the regular inter-CA PhilHealth TWG meetings, HealthGov participated in small-group technical meetings with prospective consultants and study members to discuss the TA plan and elaborate on the proposed study.

IR 1.2 Activities Planned for 4th Quarter Year 2

- Orient all 23 provinces on accessing the MNCHN grant
- Prepare detailed proposal on TA in improving PhilHealth benefit delivery
- Provide DOH ARMM TA in reviewing NHIP implementing rules and regulations, and recommending changes to PhilHealth
- Provide all F1 rollout sites TA in work and financial plan preparation

IR 1.3 Improving Service Provider Performance

During the report period, technical assistance under Intermediate Result 1.3 focused on 1) the completion of the assessment of the SDExH pilot testing; developing the SDExH framework, operational guide, and strategic plan; and enhancing the SDExH tools; 2) the conduct of service delivery implementation review in a number of LGUs; 3) updating the

Family Planning Competency-based and Public Health Nurse Supervision Training Manuals; 4) informed choice and voluntarism compliance monitoring; 5) avian influenza preparedness and response planning and installation of a community-based early warning system; 6) finalizing the strategic and investment plans for the HIV/AIDS program and supporting related activities; and 7) developing province-specific TA plans for TB and MNCHN in HealthGov sites to address OP indicators.

Service Delivery Excellence in Health (SDExH)

- **Completion of SDExH Assessment**

Following the completion of SDExH pilot implementation in Misamis Occidental and Negros Oriental, HealthGov, through a local consultant, assessed SDExH and its merits as a continuing quality improvement intervention. SDExH integrates the best features of two quality assurance best practices, namely Public Service Excellence Program (PSEP) adopted by the Civil Service Commission, and the Standards-based Management and Recognition approach of JHPIEGO. SDExH focuses on four major programs: FP, MCH, TB, and HIV/AIDS.

The assessment examined SDExH as a mechanism for capacitating health facilities in delivering quality health services, improving program management, and inculcating a customer-oriented culture among health providers. The assessment used a mix of data collection methods to draw inputs from various stakeholder groups. Through key informant interviews, focus group discussions, review of secondary data, and field validation visits, data were drawn from 122 respondents representing CHDs 7 and 10, provincial health offices, local chief executives, the SDExH Technical Working Group as well the designers of SDExH.

SDExH was pilot tested in the member-municipalities of the Oroquieta Inter-local Health Zone in Misamis Occidental and the Dumaguete ILHZ in Negros Oriental as well as the PHOs and core referral hospitals in the two provinces. The health staff of participating health facilities underwent the SDExH training program consisting of the following modules: 1) visioning, 2) setting standards, 3) implementing service improvement plans, 4) measuring progress, and 5) recognizing achievements. Pilot implementation took place from June 2007 to January 2008. SDExH was assessed in March-April 2008.

<u>Promising findings</u>

The assessment showed that even with its brief implementation, SDExH has significantly contributed to enhancing the delivery of quality services, improving program management, and enhancing a customer-focused culture of service provision. Initial results, however, varied across health units depending on the standards a facility has set and the extent to which it has adopted the SDExH process. These results are summarized below.

1) Enhanced delivery of quality of services. Improvements include a) increased service coverage, b) integration of additional services, c) improved case referral, d) upgraded facilities and increased logistics, and e) strengthened health human resource. The last item consisted of hiring of new personnel (e.g., midwife), creating and filling up a new position (e.g., medical technologist), sharing of provincially paid medical

technologist, training of health providers, improving relationships among RHU staff, and provision of incentives to the health staff.

2) Improved program management. RHUs demonstrated this when they a) reinstated the process of program review, b) streamlined their reporting system, c) addressed deficiencies in logistics management, and d) strengthened the health officers' capability to mobilize resources.

3) Enhanced the customer-oriented culture in service delivery. Customer reports on more customer-friendly and caring attitudes; better teamwork; improved work ethics; and better equipped, clean, and well-ventilated facility pointed out this improvement.

Apart from the aforementioned results, SDExH was shown to have helped health facilities and staff enhance their vision, adopt and localize national health policies resulting in improved service coverage, propagate good practices, affirm their certification and accreditation status, clarify cross-cutting issues affecting ILHZ member-LGUs, and mobilize LCE commitment and support to quality service improvement.

On the other hand, the assessment revealed that SDExH would benefit from improving it as a continuing quality improvement (CQI) initiative, as a customer-oriented process, as a built-in assessment mechanism, and as a training program before its use is rolled out in other LGUs.

As a CQI initiative, SDExH was not deliberately designed as a continuing, self-propelling, and self-disciplined process. Most participants found alien the "self-regulation" and "self-discipline" feature of SDExH. Many of them verbalized the need for an external stimulus, like monitoring, to keep them on their toes.

The customer-oriented feature of SDExH stops after the cycle of service and the session on paradigm shift. As a built-in assessment mechanism, the pilot test showed the SDExH process to be feasible but weak. Standards that were set varied from one unit to another, indicating the lack of focus and relevance to what are essentially needed.

As a training program, SDExH needs to be enhanced in its design and structure, content, learning methodologies, and overall management.

The assessment showed that the biggest challenge in SDExH implementation is institutionalizing and sustaining its use. Not one of the facilities that participated in the pilot test went back to their standards, service implementation plan, and institutionalization plan after the last training. While a list of actions to help institutionalize SDExH was suggested, these actions have not been pursued.

The SDExH pilot implementation provides invaluable lessons for both service providers and the HealthGov project. The pilot test demonstrated that it takes time for the concept and practice of quality in service delivery to seep into service providers' way of life. But adoption of SDExH could be facilitated by involving in planning and decision-making all the players in service provision so that they learn to own the SDExH process. A basic ingredient in implementing the necessary reforms is the staff complement.

The pilot test also pointed out that while service delivery excellence may take a while to take root, there are improvements which may be achieved readily without much financial

resources albeit with extra effort, proper guidance, and with a mind set for quality services. But it must be recognized, too, that not all issues and gaps in service delivery can be addressed through SDExH. Lastly, the pilot test showed that there is no substitute for consultation with the various stakeholders in formulating and legitimizing an effective design for planned change.

Based on the assessment findings, the consultant recommended seven major actions. These are as follows: 1) enhance the SDExH design and 2) operationalize it, 3) strengthen the SDExH training program, 4) systematize TA provision during training intervals, 5) follow up on actions in the pilot areas, 6) operationalize the SDExH institutionalization plan, and 7) set the groundwork for SDExH rollout in other sites.

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 BHWs, participate in the review.

During the quarter under review HealthGov, in partnership with DOH CHDs and PHOs, supported the conduct of SDIR in Pangasinan, Tarlac, Nueva Ecija, Agusan del Norte, and 11 municipalities in Bohol.

Pangasinan

Following the SDIR orientation of 187 health personnel from 45 LGUs in Pangasinan in the previous quarter, HealthGov provided follow-on TA in the conduct of an enhanced program implementation review. Firstly, the project, in partnership with DOH-CHD and the PHO, supported a three-day training workshop which sought to enable its 51 participants to effectively facilitate succeeding local health planning and SDIR workshops. The participants consisted of DOH and CHD representatives as well as technical staff of the provincial health and planning offices. Using the Technology of Participation, participants went through exercises in facilitating and motivating group discussions, and consensus building. Training participants were oriented on the SDIR process, and given simulations in enhancing a situational analysis and formulating an acceleration plan.

Secondly, HealthGov supported the conduct of six batches – with each batch consisting of an ILHZ – of SDIR workshops for 250 participants from all 48 municipalities and cities of the province. Participating LGUs assessed their 2007 health program accomplishments, analyzed the factors affecting their service delivery performance,

identified participants' roles in improving service delivery performance, updated and/or revised their 2008 plans, and drafted a 2009 acceleration plan using the results of their SDIR and CSR+ assessment.

Taking off from the SDIR results, HealthGov will bolster the LGUs' efforts to improve their service delivery performance through follow-on TA. The project will help the LGUs comply with PhilHealth requirements for accreditation of their outpatient benefit (OPB), TB-DOTS, and maternity care service packages. To optimize the use of health facilities, HealthGov will assist LGUs expand their client reach through a self-financed and rationalized universal PhilHealth enrollment plan. The project will provide low-performing LGUs TA in monitoring and coaching. HealthGov will support provincial, municipal, and city health offices in advocating increased LGU support to health.

Nueva Ecija

In Nueva Ecija, HealthGov supported the conduct of the SDIR external assessment workshop. One of the first steps in SDIR process, the workshop aims to analyze the province's inputs to improving public health service delivery vis-à-vis the corresponding accomplishments in 2007.

The external assessment workshop was conducted in preparation for the SDIR proper and the development of a comprehensive province-wide investment plan that covers all 32 municipalities and cities of Nueva Ecija. Twenty-three PHO technical staff and DOH Reps participated in the workshop. An important part of the workshop was the analysis – using the F1 situational analysis framework – of provincial performance data by identifying the gaps, best practices, sufficiency, appropriateness, and shortcomings of the applied interventions. Results of the analysis informed the development of the LGUs' respective acceleration plan that will input to the annual investment plan.

As a follow-on, HealthGov will support advocacy activities aimed at getting the local chief executives' mandate to develop the LGU health investment plan.

With the data collected from the LGUs, the PHO and the DOH Reps conducted their own assessment of the service delivery coverage and performance of Nueva Ecija. They evaluated the preceding year's inputs to public health improvements by identifying gaps and factors/challenges that hindered the achievement of their performance targets. The PHO and DOH Reps formulated an acceleration plan that outlines the interventions for the succeeding year. This plan will be inputted to the 2009 annual health investment plan.

Agusan del Norte

In Agusan del Norte, HealthGov organized a one-day facilitators' meeting prior to the conduct of the provincial SDIR. The participants consisted of 26 technical staff from the PHO and CHD Caraga, including two DOH Reps, who sat with HealthGov to finalize the SDIR program of activities. The facilitators walked through the steps of assessing, analysis, and planning. They were also given exercises on filling up the SDIR forms.

Fifty-three participants from one city (i.e., Cabadbaran) and 10 municipalities – Buenavista, Carmen, Jabonga, Kitcharao, Las Nieves, Magallanes, Nasipit, R.T.

Romualdez, Santiago, and Tubay – participated in the two-day provincial SDIR workshop.

The workshop on identifying the stakeholders and their role in improving health service delivery yielded some interesting responses, especially from the group of ABC (Association of Barangay Captains) chairmen and *Sangguniang Bayan* (SB, municipal legislative council) Committee Chair on Health. For instance, this group cited their roles as follows: organizing a barangay health task force; passing ordinances supporting the implementation of public health programs such as MCH, TB, and STI; and in relation to the STI program, passing ordinances to regulate the operation of karaoke bars and other entertainment establishments.

The participants completed the service delivery assessment of and acceleration plan for three of the four core programs only (viz., FP, TB, and MCH and micronutrient supplementation).

The participants found that the SDIR tool effectively identified programs and areas that need attention to improve service delivery performance. At the same time, they pointed out SDIR components that could still be improved. These include the need for increased mentoring and coaching during pre-workshop data collection and validation. Reviewing the acceleration plans of the LGUs was also found necessary to ensure that all possible causes of the gaps are addressed and appropriate interventions are identified and planned. A post-SDIR conference was strongly recommended to determine areas for support and augmentation, and identify technical assistance that will ensure the success of acceleration plan implementation.

Bohol

One of the critical components of the Bohol provincial health system is hospital services. In light of this, HealthGov provided technical assistance in the conduct of SDIR not only for municipalities but for hospitals as well.

SDIR for hospitals followed the program/ project/activities activity guide of DOH which included relevant hospital indicators. The objective is to mainstream the public health component into hospital services and to enable the hospital staff to relate the substantial role of hospital services in achieving the Millennium Development Goals and the National Objectives for Health.

For the hospital SDIR, the pre-workshop data collection forms used were the hospital statistical report and the hospital profile. The gap analysis adopted the PIPH situational analysis matrix to facilitate integration of outputs into the provincial SDIR.

> With SDIR, the RHU staff realized the value of the FHSIS data they have been collecting. They now appreciate the significance of achieving and not achieving the performance indicators.
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>
> Provincial Health Team Leader, Bohol

The SDIR conducted in three hospitals in Bohol, namely Talibon Provincial Hospital, and the district hospitals of Jagna and Catigbian, identified service delivery gaps and their causes, and the interventions that would address these gaps. The review also surfaced technical assistance that will help the hospitals attain better health outcomes. These include 1) using the assessment results in advocacy, 2) orientation training of the Therapeutics Committee, 3) organizing and capacitating the Maternal and Death Review Committee, 4) orientation of the medical staff on PhilHealth requirements to support claims of admitted patients, 5) procurement and logistics system, 6) ILHZ integrated planning, and 7) linking up with the CHD and other USAID CAs in regard to training of hospital staff on TB-DOTS, IUD insertion, IMCI, and BEmOC/CEmOC, among other things.

Eleven of the 47 municipalities in Bohol conducted SDIR with funding support from the LGUs and the CHD. The participating municipalities were Batuan, Buenavista, Candijay, Loboc, Mabinay, Maribojoc, Sagbayan, San isidro, Sierra Bullones, Sikatuna, and Talibon. The PHO and DOH Reps facilitated the SDIR workshops. The Sangguniang Panlalawigan Committee Chair on Health joined the workshops on some occasions while mayors were present to respond to the acceleration plan of their respective municipality. The Baclayon mayor, for instance, encouraged other LGU offices to use the SDIR tools to assess their performance. Alarmed at the number of neonatal and maternal deaths in his municipality, the LCE of Maribojoc imposed a follow-up SDIR in December 2008.

Participating LGUs used the SDIR results in formulating their municipal health investment plans.

Informed Choice and Voluntarism (ICV) Compliance Monitoring

- **ICV Orientation**

HealthGov took advantage of two activities the participants of which are in the position to resonate the message of adherence to ICV. HealthGov oriented 152 individuals with information on ICV compliance during the SDIR workshop conducted for the province of Pangasinan, and during the workshop on the revision of the FP competency-based training manual.

In the first activity, HealthGov reached 131 municipal health officers, provincial and municipal population officers, public health nurses, rural health midwives, DOH Reps, and hospital chiefs with ICV information. The course on ICV compliance monitoring was given as a two-hour session where participants learned about ICV principles, the mandate of the National Family Planning Program, and the broad range of modern contraceptive methods, including natural FP methods like lactational amenorrhea, the standard days, and the fertility awareness methods.

In the second activity, 21 CHD and PHO family planning coordinators and trainers who participated in the workshop on the revision of the FP competency-based training manual were oriented on ICV.

- **ICV Compliance Monitoring**

During the review period, HealthGov – in partnership with DOH CHDs, DOH Reps, and PHO technical staff – monitored 122 service providers and 117 clients in 83 health facilities spread across 68 municipalities/cities in 6 provinces. These provinces are Abra (7 LGUs), Benguet (4 LGUs), Pangasinan (43 LGUs), Bulacan (1 LGU), Negros Oriental (1 LGU), Misamis Occidental (12 LGUs).

All 83 health facilities were found compliant with ICV policies. No facility was found with any possible violation or vulnerability.

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) follow-on TA in completing the integrated strategic and financial plan, 2) developing an inter-LGU collaborative framework, and 3) training of trainers on interpersonal communication and counseling, among other things.

Follow-on Technical Assistance in Completing the HIV/AIDS Integrated Strategic and Financial Plan (ISFP)

As of June 2008, three other cities, namely Cebu, Zamboanga, and Davao, have completed their ISFP. This brings to eight the total number of HIV/AIDS sites that have completed their integrated strategic and financial plan. The status of the ISFP by city is shown in Box 1. The ISFP delineates each city's strategy and budgetary requirements for the LGU's HIV/AIDS program. It includes the priority projects that will be included in the city development and investment plan as well as the action plan to implement these projects.

Box 1
8 of the 11 HIV/AIDS sites have completed their ISFP, June 2008

HIV/AIDS Site	Status of ISFP
Pasay City	Almost complete
Iloilo City	Completed
Cebu City	Completed
Lapu-Lapu City	No ISFP
	Completed
Davao City	Completed
Gen. Santos City	Completed

Internal issues in their respective CHO have affected the ISFP development in the cities of Pasay, Mandaue, and Lapu-Lapu. The Pasay CHO has not decided as yet to complete the ISFP. Neither is the Social Hygiene Clinic taking the lead in completing the plan. Meanwhile, Mandaue postponed several times the consultative workshop where the ISFP would be completed. The consultative workshop has been set yet again on 23-24 July.

Of the 11 HIV/AIDS sites, only Lapu-Lapu City has no ISFP to date. The CHO reported that their city strategic plan already includes HIV/AIDS. HealthGov is trying to get a copy

of this plan.

During the quarter under review, HealthGov monitored and provided the cities of Quezon, Cebu, Mandaue, Lapu-Lapu, Davao, and Zamboanga technical assistance in finalizing their ISFP.

Technical Assistance in Developing an HIV/AIDS Collaboration Framework for Metro Cebu

STI/HIV/AIDS most at-risk populations – specifically female sex workers (FSWs) and their clients, males who have sex with males (MSMs), and injecting drug users (IDUs) – are highly mobile and move around in contiguous LGUs, as is practiced in the cities of Cebu, Lapu-Lapu, and Mandaue. In light of this, working collaboratively on and sharing resources for HIV/AIDS-projects and activities would be in the best interest of these LGUs. This strategy was identified in the integrated strategic and financial plan of Cebu and Mandaue cities, and articulated by the Lapu-Lapu City Health Officer as both acceptable and feasible. Like the strategy used in the conduct of the integrated HIV behavioral and serological surveillance (IHBSS), the tri-city collaborative approach could be replicated for such activities as 1) developing unified policies and plans, 2) implementing facility-based and outreach services, 3) resource-sharing, and 4) implementing an LGU performance-based grants scheme for HIV/AIDS prevention education.

Taking off from this lead, HealthGov contracted a local consultant to assess the feasibility of LGU collaboration – specifically of the cities of Cebu, Lapu-Lapu, and Mandaue – in the areas of STI/HIV/AIDS surveillance, prevention, treatment, care, and support. The study will assess the sociopolitical and policy environment in the three cities to identify opportunities for, obstacles in, and potential areas for tri-city collaboration. It will draw up a suggested framework for STI/HIV/AIDS response at different levels against which the three cities will be compared.

The study will map out the MARPs in each city in terms of size, distribution, risk activities, risk prevention practices, health-seeking behavior, ease of access, and contribution to the magnitude of the STI/HIV/AIDS problem. Data from this exercise will inform the prioritization of MARPs for certain interventions, and the reallocation of funds currently earmarked for less significant sectors. The data will also be used in improving and institutionalizing a channel for the exchange of information and learning experiences, and facilitating the sharing of expertise and resources. The study will provide a set of recommendations on how the three cities may establish a collaborative STI/HIV/AIDS program.

The feasibility study is expected to be completed by the end of July 2008. HealthGov will present the assessment results and the plan for succeeding action to a forum with stakeholders and decision-makers.

Training of Trainers for HIV/AIDS Interpersonal Communication and Counseling (IPC/C)

HealthGov, through the Regional Advocacy Coordinators, participated in the HealthPRO-led TOT for HIV/AIDS IPC/C for the 11 HIV/AIDS sites. TOT participants consisted of

LGU and NGO health promotion staff and representatives from DOH-CHDs in Regions 3, 6, 7, 9, 11, 12, and NCR.

As agreed upon by the Inter-CA HIV/AIDS TWG, HealthGov will roll out the TOT to project LGUs. In line with this, HealthGov facilitated the crafting of the rollout plans, taking into account essential advocacy support activities. Advocacy support expected of HealthGov includes 1) TA in securing LCE and other stakeholder support to plan implementation and mainstreaming, and 2) monitoring the implementation of the plan.

Trainers who completed the course are expected to identify and train peer educators and outreach workers to do IPC/C targeting FSWs, MSMs, IDUs, and male clients of FSWs. HealthGov, DOH Global Fund Round 6 HIV (GFR6-HIV) project, and the LGUs will support the training rollout.

Training of Peer Educators (PEs) on HIV/AIDS IPC/C

With HealthGov technical assistance and DOH-GFR6 funding support, the cities of General Santos and Zamboanga conducted a three-day training on IPC/C for peer educators. The training aimed to capacitate selected MARPs to become effective PEs through IPC/C. In the field of STI/HIV/AIDS prevention and control, peer education using IPC/C is a key strategy in effecting and sustaining positive behavior change among MARPs. Experience proves that given the correct STI/HIV/AIDS knowledge and IPC/C skills, peers can effectively amplify LGU behavior change communication efforts.

In all, 67 MARPs – consisting of 47 FSWs, 16 MSMs, and 4 male sex workers – completed the trainings. Participants were provided information on STI/HIV/AIDS and the behaviors that put MARPs at risk; equipped with IPC/C skills, particularly condom promotion, negotiation, and use; and presented with the qualities, roles, and functions of PEs. The importance of recording and reporting accomplishments to the social hygiene clinic was emphasized to the participants. Trainers who completed the HealthPRO-sponsored TOT for HIV/AIDS IPC/C served as resource persons, facilitators, and documenters (see related paragraph above).

The rest of the HIV/AIDS project sites will hold their trainings in July 2008.

Writeshop to Review, Update, and Improve the Manual of Procedures (MOP) for Social Hygiene Clinics (SHCs)

With HealthGov technical assistance, DOH-NASPCP together with HIV/AIDS experts from government and non-government organizations reviewed, updated, and enhanced the manual of procedures for social hygiene clinics. In a writeshop held on 10-13 June, they ensured that the MOP for SHC is simpler but technically sound; contains the information required to manage and operate an SHC; and discusses critical activities like voluntary counseling and testing (VCT), post-exposure prophylaxis, and forecasting essential drugs, reagents, and supplies. Experts who participated in the three-day writeshop included representatives from DOH central and regional offices, San Lazaro Hospital, STD/AIDS Cooperative Central Laboratory, Philippine National AIDS Council (PNAC), NGOs, and LGUs.

The MOP was developed in 2001 by DOH-NASPCP, the National STI Committee, and Family Health International to improve the quality of SHC services and interventions for target population groups. The MOP prescribes the standard guidelines for the SHC's daily operations, the provision of quality and expanded range of services, and the coverage of a wider range of clients. With the developments in the field of STI/HIV/AIDS, there is a need to review, update, and improve the MOP to make it more responsive to the needs of the target clients and more useful to SHC health workers.

In the succeeding month, NASPCP will solicit SHC staff inputs to check on the completeness, accuracy, clarity, and usefulness of the revised MOP. The MOP will be finalized in a second writeshop scheduled in July 2008. Selected SHC staff will be oriented on the improved MOP for SHC in August 2008.

Coordinating with Partners and Stakeholders

- Participation in the DOH Global Fund Round 6 HIV Project Launching

HealthGov participated in the national launching and first partnership meeting of GFR6-HIV Project held on 22-24 April. Eight of the 11 HealthGov-supported HIV/AIDS sites are also the project areas of GFR6-HIV. These are the cities of Angeles, Quezon, Pasay, Iloilo, Cebu, General Santos, Davao, and Zamboanga. At varying degrees GFR6-HIV will support in these sites SHC upgrading, STI/HIV prevention activities, VCT, and activities to ensure blood safety. It is thus critical that HealthGov understands the thrusts of GFR6-HIV and works toward complementation and synergy.

During the meeting, HealthGov laid down the planning objectives and presented for review the ISFPs developed with the project's technical assistance. GFR6-HIV–supported activities that were not in the plan but deemed necessary were incorporated in the ISFPs with the corresponding budget.

The national launching of GFR6-HIV was participated in by representatives of all HIV/AIDS sites (except General Santos City), CHDs, LGUs, NASPCP, PNAC, National Epidemiology Center, and national/local blood banks.

- Support to Special Events

HealthGov, USAID officials, and other USAID CAs joined three project sites in commemorating 25 years of remembrance, community action, and global solidarity in support of HIV/AIDS prevention and control.

Cebu City, together with MARPs as well as HIV/AIDS-oriented government organizations and NGOs, celebrated the HIV/AIDS candlelight memorial on 18 May with a parade that communicated HIV/AIDS prevention messages through placards and leaflets provided by HealthPRO. A person living with HIV/AIDS (PLWHA) spoke about the need for more vigorous prevention education, treatment, care, and social acceptance of PLWHAs. Local government officials, health program managers, and NGO representatives vowed to respond to the PLWHA's call to action. A press conference held a few days before the candlelight memorial enabled the head of Cebu City STD/AIDS Detection Center to present and explain the IHBSS findings to the media. HealthGov assisted in IHBSS data gathering and analysis.

In Quezon City, more than 300 representatives from the LGU, NGOs, and people's organizations joined the local government in a candlelight memorial held on 18 May. A PLWHA's testimony that she contracted HIV through her overseas contract worker (OCW)-husband prompted the Quezon City Vice Mayor to call on the national government to enact a law that requires returning OCWs to undergo HIV/AIDS testing.

On May 19, the Mayor of General Santos City and the USAID OH Chief led more than 500 city residents and guests in lighting candles to honor the memory of those lost to AIDS and demonstrate support for those living with HIV and AIDS.

With HealthGov brokering the partnership between Angeles City and HealthPRO, and between Bacolod City and Tropical Disease Foundation, the two LGUs successfully celebrated their respective candlelight memorial activities.

- **Avian Influenza (AI)**

Technical Assistance in AI Preparedness and Response Planning

In partnership with DOH and DA at the national and regional levels, HealthGov provided TA in AI preparedness and response planning to 237 representatives from 14 provinces, 14 cities, and 43 municipalities. These provinces consist of Cagayan, Isabela, Nueva Ecija, Bulacan, Pampanga, Capiz, Negros Occidental, Negros Oriental, Agusan del Norte, Davao del Sur, Sarangani, and the three Zamboanga provinces: del Norte, del Sur, and Sibugay. In five batches of workshops held in April and May 2008, participating LGUs drew up their respective AI preparedness and response plan consistent with the government's AI protection program.

The LGUs also identified the action steps they will implement in the next three months. These include convening their AI task force; organizing a core group that will review, refine, and complete their AI preparedness and response plans; and presentation of the plans to their legislative council for adoption and to their LCE for approval. HealthGov, together with the CHDs and PHOs, will assist the LGUs in refining and finalizing their plans, and monitor the implementation of the identified action steps.

The workshop raised among the participants awareness and appreciation of AI's possible entry to their LGUs and the need for preparedness. They expressed interest in installing a community-based early warning system in their respective area. In this regard, the Provincial Veterinarian will play a critical role particularly in identifying and prioritizing high-risk barangays for CBEWS installation.

Training of Trainers for CBEWS Implementation

To fasttrack the rollout of CBEWS in high-risk LGUs, HealthGov supported on 17-18 June a training of trainers for CBEWS implementation in the provinces of Agusan del Norte, Davao del Sur, and Sarangani. Fifty-four technical officers at the provincial level – PHO, Provincial Veterinarian/Agriculturist, Provincial Planning and Development Officer, and the Provincial Disaster Coordinating Council head – and their municipal counterparts plus one Sangguniang Bayan member from each of the three provinces participated in the TOT.

The training aimed to enhance the participants' knowledge, attitudes, and skills in establishing CBEWS. It is also expected to strengthen the institutional capacity of the three provinces' AI task forces to prepare for AI through the implementation of a CBEWS.

The General Santos AI Task Force and technical staff from the DA regional office, and DOH CHD in Regions 11, 12, and Caraga served as the TOT resource persons. Discussions on CBEWS deepened further when concepts were translated into practice through the sharing of Barangay Bula's CBEWS implementation experience.

An important output of the TOT was each province's action plan for establishing a community-based AI early warning and reporting system. HealthGov, together with the PHO and the Provincial Veterinarian, will provide the necessary TA to ensure that the action plans are implemented.

The schedule for the subsequent two-day training on CBEWS installation has been set as follows: for selected barangays in Agusan del Norte, 29-30 July; for Maasim and Malapatan in Sarangani, second week of August; and for Jose Abad Santos in Davao del Sur, third week of August.

Follow-on TA to Barangay Bula, General Santos City

In the previous quarter, HealthGov and other USAID CAs, in partnership with the General Santos City government, provided TA in installing and implementing a CBEWS in Barangay Bula, one of the coastal villages in the city. A monitoring visit made by USAID and HealthGov on 19 May identified a number of concerns, including 1) the important role of city and barangay AI task forces and *barangay kagawads* (village councilmen) in initiating CBEWS activities; 2) the readiness of community residents – men, women, youth, and children – to participate in AI preparedness and early warning activities; and 3) the capability of the barangay AI task force to reach 43,930 residents spred across 25 *puroks* (clusters of households) in Barangay Bula.

In response, HealthGov, together with the AI task forces of General Santos City and Barangay Bula, conducted a consultative workshop with barangay officials, community volunteers, and purok heads to improve the Bula AI action plan. The result was an enhanced set of strategies and activities that will ensure that community members can recognize an AI infection, are vigilant, and voluntarily report sick or unexplained bird deaths as well as the entry of exotic birds, poultry, and poultry products from AI-infected countries. One of the identified strategies is engaging community influentials in disseminating AI information and ensuring community participation in bird flu watch. These influentials include faith-based leaders, teachers, day-care workers, fisherfolk, senior citizens federation, youth leaders, women's federation, and leaders of homeowners as well as tricycle operators and drivers association.

Technical Assistance in AI Preparedness in the Visayas

During the review period, HealthGov provided technical assistance to the provinces of and selected municipalities in Capiz, Negros Occidental, and Negros Oriental. The TA resulted in the formulation of the LGUs' AI preparedness plan, the adoption of AI

ordinances, the creation of an AI task force, and in a few instances the inventory of AI logistics at the provincial level. Table 1 summarizes these accomplishments.

Monitoring of AI activities pointed out the need for HealthGov and TB LINC to consolidate communication-related technical assistance. HealthGov will provide follow-on TA which includes TOT for CBEWS implementation, and integrating the AI preparedness plans in the LGUs' respective 2009 annual investment plan.

Table 1
Capiz, Negros Occidental, and Negros Oriental have satisfied most of the requirements of AI preparedness, June 2008

LGU	AIPP	AI Ordinance	AI Task Force	Inventory of AI Logistics
Capiz	✓	Passed and revised	✓	Available
Ivisan	✓			
Panitan	✓	Adoption of revised provincial ordinance in process		
Pontevedra	✓			
Roxas City	✓			
Sigma	✓			
Negros Occidental		Executive Order passed with PhP500,000 budget; ordinance to be crafted	✓	Available
Bago	✓	Amendment in process	✓	
Himamaylan	✓	Passed	✓	
Escalante				
Negros Oriental	✓	Passed with PhP1 million budget	✓	
Bais City	City AI Team oriented LCE and other stakeholders on AI; presented AIPP for comments and support; CHD, PVO, and HealthGov supported the activity	Passed	✓	
Tanjay City		In process	LGU plans to designate City Disaster Council as AI Task Force	
Manjuyod		LGU plans to adopt the provincial AI ordinance	In process	

- **Tuberculosis (TB)**

As planned in the previous quarter, HealthGov, in consultation with TB LINC and other CAs, developed province-specific TB as well as MCH technical assistance plans for each

of the 23 project sites. The TA plans are expected to generate results that would address the OP indicators. SDIR findings as well as the TB and MNCHN results frameworks informed the formulation of the TB and MCH plans.

Technical Assistance in Direct Sputum Smear Microscopy (DSSM) Training

During the quarter under review, HealthGov provided technical assistance in the DSSM training for selected medical technologists from two Mindanao provinces. Direct sputum smear microscopy is the primary method for detecting pulmonary TB and is one of the major components of the National TB Control Program. HealthGov support to DSSM trainings contributes to strengthening the capacity of LGUs to provide and deliver quality health services.

Only four of the 11 identified participants made it to the DSSM training held on 23-27 June in Cebu City. These consisted of three medical technologists from Agusan del Norte and one from Zamboanga del Norte. The rest, including four from Capiz, were unable to attend the training due to the inclement weather brought on by typhoon *Frank*. As a follow-on, HealthGov will coordinate with TB LINC and CHD 10 to determine if they have scheduled a DSSM training that these participants from Capiz, Agusan del Norte, and Zamboanga del Norte could attend.

Tool Development

- **Updating the Family Planning Competency-based Training (FPCBT) Manual**

In partnership with HealthGov, DOH NCDPC conducted a consultative workshop on 25-27 June to 1) review the FPCBT Manual in terms of content, methodology, key learning messages, and time allotment; and 2) formulate an action plan for revising and pilot-testing the manual and conducting the TOT on using the manual.

The FPCBT modules were developed in the late ‘90s. Since then, the policy and technical environment has changed significantly to warrant a revision and updating of the training manual. The FPCBT modules will be 1) revised to be consistent with new developments in program policies, 2) updated on the training approaches used, 3) and aligned with the 2006 Family Planning Clinical Standards.

Twenty-one representatives from DOH CHD in Regions 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, as well as CAR and NCR participated in the workshop. The PHOs of Pangasinan, Bulacan, and the MHOs of Binmaley, Pangasinan; Bustos, Bulacan; and Tanjay, Negros Oriental attended the consultation as well. The participants mapped out and assessed the 11 FPCBT modules in a matrix that showed the modules’ current content or core topics (must know), the supplementary topics (nice to know), additions and recommendations, methodology, and time allotment.

- **Updating of the Public Health Nurse (PHN) Supervision Manual**

During the period under review, HealthGov discussed with DOH-Human Resource Development Bureau the scope of work involved in enhancing the PHN Supervising

Manual. Candidate consultants who will assist in the updating have been identified. Initial discussions with them have been carried out.

IR 1.3 Activities Planned for 4th Quarter Year 2

- Conduct an SDExH training of trainers for selected CHDs and PHOs
- Develop a facilitators guide for SDIR
- Conduct a TOT for the use of the Family Planning Competency-based Training Manual and PHN Supervision Training Manual
- Provide the cities of Pasay and Mandaue follow-on TA to complete their HIV/AIDS integrated strategic and financial plan
- Provide LGUs with AI critical areas TA in establishing CBEWS and complying with AI preparedness and response requirements
- Conduct an indepth, undated TB assessment of non-TB LINC provinces and develop province-specific TB plan for Year 3 to address USAID OP indicators
- Complete the feasibility study of HIV/AIDS collaboration 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 PhilHealth 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 local governments and civil society and strengthening their capabilities to undertake health advocacy activities.

During the quarter under review, the full implementation of HealthGov's advocacy TA was put on hold pending the sharpening of advocacy interventions to enhance their responsiveness to the provinces' identified health issues. In the meantime, HealthGov focused on supporting partner PHOs, MHOs, and DOH Reps in 1) engaging local NGOs in the development of LGU preparedness and response plans for avian influenza and creating local AI task forces, 2) ensuring community participation in CBEWS and TB prevention and control, and 3) ensuring NGO/CSO participation in health planning, local health policy development, CSR review, SDIR, and PIPH planning.

Advocacy Support to AI Preparedness Planning and CBEWS Establishment

HealthGov's advocacy TA to AI work focused on ensuring that the four elements of AI preparedness are in place in high-risk LGUs. These elements are 1) developing an AI preparedness and response plan, 2) convening a municipal/city AI task force, 3) crafting the necessary ordinance that will jumpstart local response to AI, and 4) allocating the resources to implement the AI preparedness plan, including provisions for adequate physical protective equipment, disinfectants, and drugs.

- **Follow-on Advocacy Support**

HealthGov provided follow-on advocacy support to fasttrack LGU efforts at ensuring AI preparedness. In Capiz, HealthGov met with the veterinarians of Roxas City and the

provincial government as well as the provincial AI task force co-chair on 19 May to advocate the province's continued preparations for the possibility of AI infection. HealthGov raised the need to fully engage not only municipal and barangay officials in AI preparedness but local schools, faith-based groups, and poultry contract growers as well. On 20 May, the project backstopped the Provincial Veterinarian in advocacy meetings with the municipal health and agriculture officers and the chair of the Sangguniang Bayan Committee on Agriculture of the municipalities of Pilar, President Roxas, and Pontevedra. These meetings generated commitment to jumpstart AI preparedness, including the approval of an AI ordinance, the creation of an AI task force, and the installation of CBEWS.

In Negros Occidental, HealthGov met with the Provincial Veterinarian and AI coordinator and their municipal counterparts in the cities of Bago, Esacalante, and Himamaylan. The meeting sought to monitor LGU follow-through action on meeting the requirements for AI preparedness. In Himamaylan, the AI ordinance is now on its second reading and will be given top priority by the city legislative council. The CHO and veterinarian of Bago City have organized an AI task force and revised the AI ordinance passed in 2006.

HealthGov provided three municipalities in Negros Oriental TA in developing their AI preparedness plans. These LGUs are Bais, Manjuyod, and Tanjay each of which was oriented on AI. The orientation was led by the LGU AI team in coordination with the regional AI coordinator, and with CHD 7 and HealthGov financial and technical support. Follow-on TA will focus on the passage of an AI ordinance in each of the three municipalities.

- **NGO Participation in the Development of AI Preparedness Plans**

HealthGov facilitated the participation of local NGOs in the development of LGU preparedness plans in high-risk LGUs. Since NGO participation was not highlighted in the first run of the LGU preparedness planning in Agusan del Norte and Sarangani, HealthGov made sure this was prioritized in the remaining LGU workshops in Luzon, the Visayas, and Mindanao. While the involvement of NGOs in local AI task forces is already defined in the existing national policy on avian influenza, NGO and private sector participation is not very pronounced in AI work at the local level. HealthGov's partner provincial/city veterinarians and regional/provincial AI coordinators all realized the importance of broadening the participation and support of local NGOs and other stakeholders, up to the community level, in planning and implementing AI preparedness and response.

Thus, local NGOs such as the Negros Economic and Development Foundation (NEDF) participated in the Visayas LGU preparedness planning workshop held on 28-30 April in Iloilo City. NEDF is a member of the Provincial Health Board of Negros Occidental. The Rotary Club of Meycauayan and the *Bantay Kalusugan ng Bulakan* (BKB, Bulacan Health Watch) attended the AI workshop held on 27-28 May. On 13-15 May, key NGO partners in Luzon participated in the AI preparedness planning workshop for LGUs in the provinces of Cagayan, Bulacan, Isabela, Nueva Ecija, and Davao del Sur. These NGOs included PROCESS Luzon and the Cagayan chapter of the Integrated Midwives Association of the Philippines, both members of the Provincial Health Board. Also in attendance were BKB, a member of Bulacan PHB, and the Rural Improvement Club of Palanan, Nueva Ecija.

For Zamboanga Peninsula, the CODE Sibugay, AID Foundation, Inc., and Xavier University College of Agriculture Extension Services (XAES) actively participated in the local AI preparedness planning workshop help in Dipolog City on 20-22 May. CODE Sibugay and AID Foundation, Inc. are members of the Provincial Development Council while XAES is actively engaged in agriculture and nutrition projects in Zamboanga Sibugay and Zamboanga del Sur. It has also partnered with CARE International in AI preparedness planning in previous years.

LGU partners appreciated the presence of NGOs in the workshop, particularly because they will engage the latter in building LCE and community support to AI preparedness, AI task force work, and implementing community-based early warning systems. The participation of a Sangguniang Bayan member highlighted the role of legislative council members as champions of AI preparedness and in ensuring the enactment of local ordinances on AI.

The NGO/CSO perspective, particularly on how NGOs will position their sector in integrating the AI agenda in local health board deliberations and in funding advocacy, contributed significantly in the workshop discussions. In return, NGOs/CSOs gained insights on how they can simplify LGU engagement in relation to the installation of CBEWS.

- **Advocacy Support to Barangay Bula, General Santos City**

The monitoring visit of USAID and HealthGov on 19 May to Barangay Bula, General Santos City, the first LGU to implement CBEWS, identified the need to set in place a community-based early warning system that is propelled and participated in by the entire community. Responding to this challenge, HealthGov reviewed the CBEWS implementation strategy and incorporated community participation mechanisms in the system. Subsequently, HealthGov, together with the AI task force of General Santos City, conducted a consultative workshop with barangay officials, community volunteers, and purok heads to improve the Bula CBEWS action plan. The forum generated an enhanced set of strategies and activities that will ensure that men, women, youth, and children have greater awareness and knowledge of AI, are vigilant, and voluntarily report sick or unexplained bird deaths as well as the entry of exotic birds, poultry, and poultry products from AI-infected countries.

The updated action plan is anchored on a massive information campaign that seeks to reach different audience groups through appropriate community-based channels and message sources. For instance, for household members, the campaign will organize *purok pulog-pulong* (household-cluster discussions) reinforced with house-to-house visit. AI information directed toward leaders of community organizations – such as faith-based groups, women's organization, and tricycle operators and drivers association – will be provided through *usapang* bird flu (AI forum). Youth leaders will be engaged through an AI forum designed to provide them with AI information and messages they will disseminate among peers via youth-related activities and events. The campaign will tap school principals, teachers, and day care workers to teach school children about AI preparedness and response.

The updated action plan will be implemented by the city and barangay AI task forces with HealthGov technical assistance. A proposal to engage a local NGO to assist the barangay in developing discussion guides, training a pool of speakers on AI, and documenting Bula's CBEWS experience has been drafted.

- **Advocacy Component of CBEWS TOT**

Corollary to the move to involve the community in AI preparedness and response, HealthGov provided technical assistance to strengthen the advocacy component of the existing CBEWS TOT module. Two modules on AI advocacy – community mobilization and communicating AI to various audiences – were added to the TOT course. The advocacy modules were first used during the 28 May CBEWS updating and action planning workshop for Barangay Bula and thereafter in the CBEWS TOT held on 17-18 June (see related report on pages 29-30).

Advocacy Support to TB Prevention and Control

HealthGov took advantage of the globally celebrated World TB Day to drum up awareness of and build support to TB prevention and control.

In Sarangani, the project provided TA in designing the World TB Day celebration in the municipality of Malungon. To underscore the need for multisectoral participation in the fight against TB, the celebration held on 22 April purposively involved various sectors – local government; health offices at the municipal, provincial, and regional levels; community members; indigenous peoples; civil society; and private sector.

The MOA signing on the installation of a *TB in the workplace program* at Stanfilco-DOLE Philippines highlighted the celebration. It clearly illustrated the participation of and collaboration among government health offices, civil society, and the private sector in TB control efforts. Signatories of the MOA were Stanfilco, DOH CHD Cotabato Region, the Sarangani Provincial Health Office, and KASILAK Development Foundation, a local NGO.

With the celebration anchored on the theme *Stop TB: Kaya Mo, Kaya Ko!* (you can do it, I can do it!), the PHO and the Malungon RHU held TB education sessions that taught workers, community members, local officials, tribal leaders, community health volunteers, and rural midwives the basics of and their role in TB prevention and control. TB screening services were also made available to community residents.

The pledge of commitment to support the TB control program that various stakeholders signed as well as the endorsement of boxing world champion Manny Pacquiao in his "*Labanan natin ang TB!*" (let's fight TB!) video clip were intended to further boost TB control efforts in the province. Currently, Sarangani's TB case detection rate (54%) and cure rate (72%) are far below national standards (70% and 85%, respectively).

The participation of local officials like the Vice Governor and the Mayor of Malungon, and the messages they delivered aimed to reinforce the importance of TB prevention and control among community members.

HealthGov's support to CHD 3's World TB Day celebration highlighted the importance and role of TB service providers in implementing TB directly observed treatment, short course (DOTS), the World Health Organization-endorsed strategy to detect and cure TB. The event held on 10 April recognized the efforts of 7 provinces, 12 cities, and 38 TB coordinators in enhancing the implementation quality of TB-DOTS. Awardees included the HealthGov-supported provinces of Bulacan, Nueva Ecija, and Tarlac, and the city of Angeles all of which received plaques of recognition and appreciation. Bulacan received a special citation for involving in health activities local NGOs, namely Bulacan HealthWatch and UGAT, both of which are HealthGov's NGO partners.

Advocacy Support to CSR and Family Planning

HealthGov supported CSR implementation in Sarangani by incorporating an advocacy session in the CSR validation and forecasting workshop held on 9 May 2008. The advocacy session provided the MHOs and PHNs a guide on the different advocacy steps, including target audience identification, message development, and building LGU support for CSR and FP. The session provided the participants a venue to discuss and agree to address 1) the need to influence the local finance committee, the local health board, legislative council members, and other influentials (e.g., wife of the mayor, former municipal administrator) to support CSR; 2) the need to convince the local finance committee (LFC) on the ROI of a CSR and FP program; 3) the need to sell and package CSR and FP using data-based evidence and an appeal that will strike a chord among the audience; and 4) the need to initiate CSR and FP advocacy soonest to influence the 2009 budget given that the budget call ends in October 2008.

The workshop surfaced the need for advocacy planning for CSR and FP. Hence, HealthGov will provide TA in the design and conduct of CSR and FP municipal forums targeting the newly elected mayors, vice mayors, Sangguniang Bayan members, LFCs, and LHBs.

In the Visayas, HealthGov met with the CSR TWGs of CHD 6 and 7 to discuss how the CSR assessment results could be best packaged as advocacy tools for use with LCEs and other LGU officials.

Ensuring Civil Society Participation in Health Planning, Implementation, and Policy Development

- **Inventory of Local Health Boards (LHBs) and Health-related Policies**

HealthGov continued the inventory of LHBs and health-related policies at the provincial, city, and municipal levels that was initiated in the previous quarter. The inventory seeks to determine, among other things, the membership and functionality of LHBs, and extent of participation of NGOs/CSOs in health issues deliberation and policy development. The conduct of the inventory was coursed thru PHOs, PHTLs, DOH Reps, PPDO, provincial DILG office, and/or focal NGOs. The inventory yielded a list of local health-related policies enacted from 2005 onwards in Albay, Tarlac, Misamis Oriental, Bohol, and Aklan was retrieved. A full report of the inventory will be prepared in the next quarter.

- **LHB and NGO/CSO Participation in LGU Special Bodies**

Through its partner PHOs, DOH Reps, and NGOs, Health Gov continued to monitor the status of local health boards and NGO/CSO participation in LGU special bodies. The objective is to see whether civil society groups are involved in LGU policy-making processes, and to provide the needed TA if they are not.

General Santos City convened its health board in March 2008. Thereafter, the City Health Board (CHB) regularly met every first Friday of the month. The city Mayor chairs the CHB with the CHO as co-chair. CHB members include the Chief of Hospital, the City Welfare and Development Officer, the SP on Health, a DOH Rep, and three NGOs, namely COMDEV, General Santos Medical Society, and the Philippine Medical Association.

COMDEV, Health Gov's focal NGO in the province, has proposed the development of a public health code that will define the rules and regulations that govern public health. A TWG was created to lead the development of the code. The TWG visited North Cotabato to learn from the province's experience on local health code formulation.

On 19 May the CHB, in collaboration with the CHO and local NGOs, helped organize the 2008 General Santos City AIDS candlelight memorial. The celebration sought to commemorate the death of PLWHAs, raise HIV/AIDS awareness, and strengthen LGU support for HIV/AIDS prevention programs.

In Capiz, Health Gov's advocacy was instrumental in making possible the first meeting of the Capiz Integrated Health Services Development Council (CIHSDC) which serves as the provincial health board. The meeting was the fruit of a series of dialogues between the PHO and local NGOs/CSOs, particularly the Gerry Roxas Foundation, on the functionality of the LHB. For the past three years the provincial government has not convened the Provincial Health Board since the PHO went directly to the Governor to raise health concerns.

The CIHSDC was launched in March 2000. Its mandate is to coordinate health-related programs and services, work toward their convergence, oversee their implementation, and guarantee their sustainability. The CIHSDC currently serves as the expanded Provincial Health Board.

The newly elected governor of Capiz chaired the first meeting of CIHSDC. The meeting discussed 1) PIPH implementation updates; 2) CIHSDC's objectives, structure, and functions; and 3) enhancement of CIHSDC structure, administrative processes, and functions in support of PIPH implementation. As agreed upon in this meeting, the functions of the council are to provide policy direction; mobilize resources; advocate for inter-LGU, inter-agency, and multi-sectoral collaboration; and develop and integrate health programs, projects, and activities in the province. The CIHSDC structure now includes three main committees (executive, technical, and field operations monitoring committees). CIHSDC will function as the local implementation and coordination team in support of PIPH implementation. A resolution or Executive Order will be passed to amend the functions and members of the said council.

The Capiz Alliance of NGOs/CSOs for Health Sector Reform, organized after the conduct of the HealthGov-supported Capiz provincial partnership-building workshop in October

2007, is now an active member of CIHSDC. In the next quarter, Health Gov will provide CIHSDC and Capiz Alliance follow-on advocacy TA targeting low-performing LGUs.

In Pangasinan, HealthGov's focal NGO, the Pangasinan Federation of NGOs (PFNGO), continued to participate in health activities even while its membership in the Provincial Health Board is still being processed. As a member of the Provincial Development Council (PDC), PFNGO attended the first meeting of the Local Development Council convened by the new Governor in April 2008. This was the first meeting of the PDC after several years of inactivity. In the PDC meeting, the PFNGO representatives realized that only two mayors have identified health as their priority. This convinced them even more of the need to do health advocacy in the different municipalities.

A total of 18 PFNGO leaders participated in the following capability-building activities initiated by the PHO and CHD: 1) consultative meeting on *Garantisadong Pambata* Round 1 (literally, guaranteed for children, a DOH children's health campaign) and school mass deworming program on 1 April; 2) SDIR orientation for PHO, PPDO, technical staff, DOH, MHOs, and MPDOs on 16-18 April; and 3) capability building for provincial planning facilitators for SDIR on 6-8 May.

PFNGO initiated a fund-raising activity on 1 April. Part of the funds supported the PHO's oral health campaign targeting 1,326 school children in the public schools of Asingan, Basing, Biec, and Calasiao. The remaining funds will be used for toilet construction for indigent families in 4th and 5th class municipalities in Pangasinan. PFNGO has written to 30 firms and hardware stores in Dagupan City for toilet bowl donations in support of the Governor's campaign on the use of sanitary toilets.

If funds allow, PFNGO will implement a project labeled "Health Mobile Teams for Advocacy and Health Education" in partnership with the University of Pangasinan Extension Services Department. In the next quarter, Health Gov will harness the potential of PFNGO as an active partner in health development in the province.

In Bulacan, BKB participated in the provincial government's anti-smoking campaign launched on 28 April. BKB also participated in the CSR review workshops. Alongside these engagements, BKB needs to finalize its advocacy agenda for the province's TB control and CSR and FP initiatives. BKB also has to strengthen its organizational structure, including drafting its constitution and by-laws as required in its SEC registration. In the next quarter, Health Gov will provide BKB TA in sharpening its advocacy action plan for TB control, CSR and FP, and safe motherhood.

In Albay, HealthGov's focal NGO, MIDAS, participated in the TA synchronization and planning workshop held on 9 May to map out the mechanism for TA implementation in the province. MIDAS sits as a member of the provincial TA implementation team composed of the PHO and concerned technical staff, the PPDO, the Provincial Budget Officer, Chair of the Committee on Health of the Sangguniang Panlalawigan, AMHOP president, POPCOM representative, PHIC, and NGOs/CSOs.

In Bohol, HealthGov provided the PHO TA technical assistance in the design and conduct of an LGU orientation on HSR/F1 and PIPH. Representatives from 44 LGUs participated in three batches of orientation held on 28, 29, and 30 April. Participants included MHOs, legislative council members, municipal budget and planning officers, vice mayors, service providers, and three NGOs. Participants were grouped according to

their ILHZ, which allowed them to interact and set the mode of working together in preparation for the ILHZ-IPH integration.

The topic *Investing on Health and HSR/F1* was delivered eloquently by the chair of the Sangguniang Panlalawigan Committee on Health. A Sangguniang Bayan member from the municipality of Jagna assisted in facilitating the workshop. The participation of the two officials supported the PHO's claim that health planning was indeed worthwhile and was concurred with by the provincial government.

IR 1.4 Activities Planned for 4th Quarter Year 2

- Provide local partners follow-on advocacy support to CSR and FP, AI, and TB programs
- Complete the inventory of local health-related policies
- Complete the inventory of local health boards and profiling of NGO/CSO representatives in LHBs

6. Monitoring and Evaluation

Revisions in the M&E Plan

During the report period, the project's M&E plan was revised again based on the results of the various meetings and consultations among the CAs and USAID on the OP indicator definitions, targets, and CA interventions. Concerned CAs developed the results framework for each core program (MNCHN, FP, TB, and HIV/AIDS). HealthGov led the formulation of the results framework and target setting for MNCHN and HIV/AIDS. The results framework facilitated understanding and clearly established the logical connections of the project activities, outputs, and key results with the expected health outcomes of USAID-supported programs.

To harmonize the OP indicators with the project performance indicators, HealthGov further revised its M&E plan which will now require reporting, tracking, and target setting for a total of 106 OP, non-OP internal but common to all CAs, and project performance indicators. This necessitated the realignment of some HealthGov TA approaches and calibration of project activities in order to generate results for these indicators. These changes, along with the review of the targets, were discussed with the national and regional teams during the project's mid-year work plan update in April.

It is expected that the results framework and final list of OP indicators will continue to be deliberated upon by the CAs as USAID brings in a team of consultants in the next quarter to review the M&E framework and validate the quality of data collected for each indicator. The M&E plan will continue to be enhanced, and its final version is expected to be submitted to USAID in the next quarter.

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 3,048 individuals were recorded to have participated in HealthGov-assisted trainings and workshops at a total cost of PhP7.761 million. Of this amount, 33% was borne by LGU partners and the remainder (67%) by USAID.

7. Financial Report for the Quarter

USAID Control Environment and Risk Assessment

From 28 May to 5 June 2008, USAID/Philippines carried out an assessment of the control environment and risk of the HealthGov project. USAID issued a report on 25 July which concluded that RTI Philippines' control environment *"appears to be generally strong, its level of accountability adequate, and the degree of risk LOW."*

The report identified a number of potential weaknesses in the control environment and issued nine recommendations to strengthen RTI Philippines' financial management and internal control systems. In relation to the control environment the report's recommendations include the issuance of a field manual specific to the Philippines, the preparation of detailed budget guidelines, the delegation of payment of sub-recipients from RTI head office to RTI Philippines, and additional training of project staff in RTI's accounting software. Related to the risk assessment, USAID recommended, among others, strengthening of the bank reconciliation process, the hiring of additional finance personnel, and improvements in the annual project budgeting process.

RTI has already started to address the issues identified and will complete a plan of action to respond to USAID's recommendations by 25 August 2008.

Financial Summary

Presented in Table 2 is the financial summary for the period 1 April to 30 June 2008. Cumulative expenditures of $6.583 million as of end of this quarter represent 60% of the cumulative obligation, and 28% of the total life-of-project funding.