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# Strengthening Local Governance for Health (HealthGov) Project

## First Quarterly Report, Year 3 1 October to 31 December 2008

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## List of Acronyms

|         |   |
|---------|---|
| ADRN    | Albay Disaster Relief Network                                     |
| AI      | avian influenza   |
| AIDS    | acquired immunodeficiency syndrome                                |
| AIP     | annual investment plan  |
| AIPP    | avian influenza preparedness plan                                 |
| AMHOP   | Association of Municipal Health Officers of the Philippines       |
| AO      | administrative order  |
| AOP     | annual operational plan   |
| ARMM    | Autonomous Region in Muslim Mindanao                              |
| ASCODE  | Alternative Systems for Community Development Enterprise, Inc.    |
| BAI     | Bureau of Animal Industry   |
| BCC     | behavior change communication                                     |
| BCCD    | Bicol Center for Community Development                            |
| BHW     | <i>barangay</i> (village) health worker                           |
| BKB     | <i>Bantay Kalusugan ng Bulakan</i> (Bulacan HealthWatch)          |
| BTL     | bilateral tubal ligation  |
| CA      | cooperating agency  |
| CBEWS   | community-based early warning system                              |
| CDR     | case detection rate   |
| CHD     | Center for Health Development                                     |
| CHLSS   | Community Health and Living Standards Survey                      |
| CHO     | City Health Office/Officer  |
| CIPH    | city investment plan for health                                   |
| CLGU    | city local government unit  |
| CLASP   | Citizens' Legislative Advocacy and Sectors' Parliament            |
| COMDEV  | Community Health and Development, Inc.                            |
| COP     | Chief of Party  |
| COPE    | Community Organization of Philippine Enterprises Foundation, Inc. |
| CPR     | contraceptive prevalence rate                                     |
| CQI     | continuing quality initiative                                     |
| CSR     | contraceptive self-reliance                                       |
| CSO     | civil society organization  |
| CTO     | Cognizant Technical Officer                                       |
| DA      | Department of Agriculture   |
| DCOP    | Deputy Chief of Party   |
| DILG    | Department of the Interior and Local Government                   |
| DMPA    | depot medroxy progesterone acetate                                |
| DOH     | Department of Health  |
| DOH Rep | Department of Health Representative                               |
| DRCO    | Department of Health Representative Cluster Officer               |

|           |   |
|-----------|---|
| EBL       | evidence-based legislation                                      |
| EEOM      | entertainment establishment owners and managers                 |
| EPI       | Expanded Program on Immunization                                |
| EO        | executive order   |
| F1        | FOURmula ONE for Health   |
| FHSIS     | Field Health Services Information System                        |
| FIC       | fully immunized children  |
| FOTL      | Field Operations Team Leader                                    |
| FP        | family planning   |
| FPOP      | Family Planning Organization of the Philippines                 |
| FPCBT     | family planning competency-based training                       |
| FSW       | female sex worker   |
| HealthGov | Strengthening Local Governance for Health Project               |
| FY        | fiscal year   |
| GFR6      | Global Fund Round 6   |
| GIDA      | geographically isolated and depressed area                      |
| GSCHAC    | General Santos City STI/HIV/AIDS Council                        |
| HealthPRO | Health Promotion and Communications Project                     |
| HHRDB     | Health Human Resource Development Bureau                        |
| HIV/AIDS  | human immunodeficiency virus/acquired immunodeficiency syndrome |
| HPDP      | Health Policy Development Project                               |
| HR        | human resource  |
| HSRA      | health sector reform agenda                                     |
| 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   |
| IPC/C     | interpersonal communication and counseling                      |
| IR        | intermediate result   |
| IRA       | internal revenue allotment                                      |
| ISFP      | integrated strategic and financial plan/planning                |
| IUD       | intrauterine device   |
| LAC       | local AIDS council  |
| LCE       | local chief executive   |
| LFC       | local finance committee   |
| LGU       | local government unit   |
| LHAD      | Local Health and Development                                    |
| LHB       | local health board  |
| LMP       | League of Municipalities of the Philippines                     |
| LSS       | Living Standards Survey   |
| M&E       | monitoring and evaluation                                       |
| MARP      | most at-risk population   |
| MCH       | maternal and child health                                       |
| M/CLGU    | municipal/city local government unit                            |

|            |  |
|------------|--|
| MCP        | maternity care package   |
| MHO        | Municipal Health Office/Officer                                      |
| MIDAS      | Mayon Integrated Development Alternative Services                    |
| MIPH       | municipal investment plan for health                                 |
| MIS        | management information system  |
| MLGU       | municipal local government unit                                      |
| MNCHN      | maternal, newborn, and child health and nutrition                    |
| MOA        | memorandum of agreement  |
| MOP        | manual of procedures   |
| 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                   |
| NCHP       | National Center for Health Promotion                                 |
| NCR        | National Capital Region  |
| NEDF       | Negros Economic Development Foundation                               |
| NGO        | non-government organization  |
| NeOFPRHAN  | Negros Oriental Family Planning/Reproductive Health Advocacy Network |
| NOH        | National Objectives for Health                                       |
| NTP        | National Tuberculosis Control Program                                |
| OH         | Office of Health   |
| OIC        | officer in charge  |
| OIDCI      | Orient Integrated Development Consultants, Inc.                      |
| OP         | operational plan   |
| OPB        | outpatient benefit   |
| PA         | Provincial Administrator/Philippine Army                             |
| PACEOMA    | Pasay City Entertainment Owners and Managers Association             |
| PBO        | Provincial Budget Office   |
| PC         | Provincial Coordinator   |
| PCAC       | Pasay City AIDS Council  |
| PCG        | Philippine Coast Guard   |
| PE         | peer educator  |
| PFNGO      | Pangasinan Federation of Non-government Organizations                |
| PHB        | Provincial Health Board  |
| PHIC       | Philippine Health Insurance Corporation                              |
| PhilHealth | Philippine Health Insurance Corporation                              |
| PHN        | Public Health Nurse  |
| PhP        | Philippine peso  |
| PHO        | Provincial Health Office/Officer                                     |
| PHT        | provincial health team   |
| 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  |
| PNP      | Philippine National Police  |
| POGS     | Philippine Obstetric and Gynecological Society  |
| POPCOM   | Commission on Population  |
| PPP      | provincial profile and plan   |
| PPDO     | Provincial Planning and Development Office/Officer  |
| PRISM    | Private Sector Mobilization for Family Health Project                                     |
| PRRM     | Philippine Rural Reconstruction Movement  |
| PSEP     | Public Service Excellence Program   |
| PSWDO    | Provincial Social Welfare and Development Office  |
| QCSAC    | Quezon City STI/AIDS Council  |
| RC       | Regional Coordinator  |
| RH       | reproductive health   |
| RHM      | Rural Health Midwife  |
| RHU      | rural health unit   |
| RTI      | Research Triangle Institute   |
| SB       | <i>Sangguniang Bayan</i> (municipal legislative council)                                  |
| SCP      | strategic communication plan  |
| SDExH    | Service Delivery Excellence for Health  |
| SDIR     | Service Delivery Implementation Review  |
| SFAM     | Senior Finance and Administrative Manager   |
| SHC      | social hygiene clinic   |
| SHED     | Social Health, Environment and Development Foundation, Inc.                               |
| SHIELD   | Sustainable Health Improvements through Empowerment and Local Development Project         |
| SIMASAJA | Sigma, Mambusao, Sapi-an, and Jamindan (municipalities)                                   |
| SO       | strategic objective   |
| SP       | <i>Sangguniang Panlalawigan</i> (provincial legislative council)                          |
| STI      | sexually transmitted infection  |
| SWOT     | strengths, weaknesses, opportunities, and threats   |
| TA       | technical assistance  |
| TAP      | technical assistance provider   |
| TB       | tuberculosis  |
| TB DOTS  | tuberculosis directly observed treatment, short course                                    |
| TB LINC  | Linking Initiatives and Networking to Control Tuberculosis Project                        |
| TMIS     | Training Management Information System  |
| TOT      | training of trainers  |
| TWG      | Technical Working Group   |
| USAID    | United States Agency for International Development  |
| USG      | United States government  |
| Y2Q4     | Year 2 Quarter 4  |
| Y3WP     | Year 3 work plan  |

## 1. Introduction

RTI International and its partners are pleased to submit this first quarterly report for the third 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 October to 31 December 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.

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

The technical assistance provided during the reporting period is summarized in the following paragraphs:

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

1. LGU annual operation planning/annual investment planning (AOP/AIP) – Provided technical assistance to FOURmula ONE (F1) and F1 rollout provinces: Negros Oriental in consolidating its 2009 Annual Operational Plan (AOP); and Pangasinan, Albay, and Isabela in formulating their respective AOP, the yearly translation of the province-wide investment plan for health (PIPH). Albay and Isabela were also provided technical assistance in drafting their respective work and financial plans for their PIPH start up funds.

Continuing technical assistance was provided to four provinces under the category of *other* HealthGov provinces, namely Bulacan, Tarlac, Bohol, and Aklan, in reviewing and completing the municipal investment plan for health (MIPH) of their respective MLGUs, and their respective PIPH.

2. Contraceptive self-reliance (CSR) – Provided technical inputs to the development of the municipal CSR plans in Aklan, Negros Oriental, and Negros Occidental which will serve as inputs to the province-wide CSR plans; supported the CHDs in conducting orientations of the 23 provinces on how to access and implement the PhP150 million DOH maternal, newborn, and child health and nutrition (MNCHN) grant facility as a means of financing portions of the CSR plan requirements; provided TA support to the development of the CSR+ policy of Polangui, Albay.
3. Local health information systems – Assisted the province of Isabela and the municipality of Polangui, Albay, in the formulation of a detailed implementation plan for the Community Health and Living Standards Survey (CHLSS); assisted the province of Negros Oriental in monitoring the CHLSS data gathering in its 25 municipalities.
4. Local health policy development – Assisted the province of Sarangani in holding a policy development workshop using evidence-based legislation (EBL) as a tool to

develop policies in support of CSR and health care financing options resulting in five municipalities drafting their respective CSR ordinances and executive orders.

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

5. Access to the DOH PhP150 million MNCHN grant facility – Provided CHDs and provincial health offices (PHOs) technical assistance in orienting the 23 HealthGov provincial sites on the process of accessing the grant facility. As of December 2008, the 23 provinces have all signed a memorandum of agreement (MOA) with their respective CHD.
6. Local resource mobilization – Provided technical assistance to the provinces of Aklan, Davao del Sur, Compostela Valley, and Davao City in local resource mobilization planning that included assessment and identification of various financing options in support of PIPH for Aklan; technical advice to the *Sanggunian Bayan* (municipal legislative council) members and department heads in updating the local revenue code of the municipality of Bansalan, Davao del Sur; technical advice to the provincial treasurer of Compostela Valley in the development of a training design to capacitate municipal treasurers and assessors in assessing and collecting real property tax, prepare reports, and improve revenue collection, procurement, and budgeting in order to strengthen the LGU's resource mobilization efforts; technical advice to the Davao City Health Office and city treasurer on the concept of a performance-based grant as a mechanism for providing funds that will enable NGOs to administer for Davao City a peer education program for men having sex with men (MSM).

### **IR 1.3 Improving Service Provider Performance**

7. Service Delivery Excellence in Health (SDExH) – Assisted the DOH National Center for Disease Control and Prevention (NCDPC) in the conduct of a training of trainers (TOT) for CHD 10 and the provinces of Capiz, Negros Oriental, Bukidnon, Misamis Occidental, and Misamis Oriental in response to TA requests for an SDExH TOT from these provinces, and the conduct of an orientation training of a national team of SDExH core trainers; assisted the newly trained trainers of Negros Oriental in monitoring the implementation of service improvement plans and achievement of service standards in the rural health units (RHUs) of Aklan, Valencia, and in Negros Oriental Provincial Hospital.
8. Service Delivery Implementation Review (SDIR) – Provided Nueva Ecija technical assistance in preparing for the conduct of SDIR, which included an orientation of public health nurses from 30 cities/municipalities on the SDIR tools and process, and the conduct of a three-day training of SDIR facilitators composed of PHO technical staff and DOH Reps.
9. Family Planning Competency-based Training (FPCBT) Manual – Assisted DOH in updating and revising the FPCBT manual and finalizing the Levels 1 and 2 trainers' guide and participants' manual.
10. Public Health Nurse (PHN) Supervision Manual – In collaboration with the other USAID cooperating agencies (CAs), assisted NCDPC and DOH Health Human Resource Development Bureau (HHRDB) in holding a consultative workshop to assess the

supervision manual and training guide for public health nurses. This workshop was attended by 32 participants from DOH central office, CHDs 1, 2, and 3 and from selected provincial and municipal health offices of seven provinces assisted by the project.

11. Informed choice and voluntarism (ICV) – Together with PRISM and SHIELD, organized a two-day inter-CA ICV compliance training of 29 staff from these projects, which included a field practicum in nine health centers in Mandaluyong City; assisted six CHDs in monitoring a total of 155 service providers and 292 family planning (FP) clients from 147 facilities in 90 municipalities across 11 provinces.
12. HIV/AIDS – Provided selected high-risk cities TA that included completion of the integrated strategic and financial plan of General Santos City, support to the inter-LGU collaboration in planning for HIV/AIDS in Metro Cebu, support in the development of a financing mechanism for an MSM peer education program in Davao City, and support to high-risk cities observance of 2008 World AIDS Day.
13. Avian influenza (AI) – Supported the training on strengthening AI preparedness through community-based early warning system (CBEWS) of 139 trainers consisting of municipal and *barangay* (village) AI task force members and LGU officials from Zamboanga City, Zamboanga del Sur, Zamboanga Sibugay, Cagayan, Bulacan, Isabela, Nueva Ecija, and Pangasinan; supported two trainings on establishing a CBEWS to ensure early detection and prompt reporting of suspected AI in poultry and humans in Sarangani province and Roxas City, Capiz.
14. Tuberculosis (TB) – In collaboration with TB LINC and CHD 3, supported the conduct of a TB assessment workshop for the provinces of Cagayan, Nueva Ecija, Tarlac, and nine low-performing LGUs especially with low TB case detection and cure rates.

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

15. Mechanism for community dialogues and feedbacking on health – Provided TA to various advocacy-related activities of Bulacan HealthWatch in mapping out specific maternal and child health (MCH) and TB control activities in low-performing LGUs; PHO and Pangasinan Federation of NGOs (PFNGO) in identifying activities to improve the implementation of the PhilHealth Sponsored Program in five municipalities; Citizen's Legislative Advocacy and Sector's Parliament (CLASP) in its advocacy meeting to present and discuss its development agenda with the *Sangguniang Panlalawigan* (provincial legislative council); and the PHO and Provincial Health Team Leader (PHTL) in firming up their partnership agreement with the Negros Oriental Family Planning and Reproductive Health Advocacy Network (NeOFPRHAN).
16. Civil society representation in functional local health boards (LHB) and in LHB/LDC/Sanggunian deliberations on health – Assisted DOH Reps in using a tool to conduct an inventory and profiling of NGO/civil society representation in LHBs to identify potential local champions for health issues; provided TA support to the CHO in engaging NGO participation in the HIV/AIDS program of General Santos City resulting in the membership of COMDEV, SHED and FPOP in the newly reactivated General Santos City STI/HIV/AIDS Council.
17. Promotion of participatory policymaking – Provided TA to the Sarangani Provincial Health Office and Sangguniang Panlalawigan in assessing stakeholder support for

CSR/FP in the different LGUs and in crafting local policies on CSR resulting in 7 of the 11 municipal LGUs already endorsing for approval their respective local CSR policies.

18. Advocacy support to other TA interventions with particular reference to TB assessment in Cagayan, Nueva Ecija, and Tarlac; AI preparedness and CBEWS installation in Sarangani, Cagayan, Isabela, Nueva Ecija, Bulacan, Zamboanga del Sur, and Zamboanga Sibugay and the cities of Bago and Himamaylan in Negros Occidental; support to selected HIV/AIDS sites in mobilizing NGOs to participate in the planning and mounting of the 2008 World AIDS Day celebration in the cities of Quezon, Angeles, Bacolod, and General Santos; mobilization of NGOs in the reactivation of the Pasay City AIDS Council (PCAC); and support to the CSR policy development in the provinces of Aklan, Capiz, Negros Occidental, and Negros Oriental.

### **Collaboration with Partners and Stakeholders**

19. 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. Major Project Activities Planned for the Next Report Period (2nd Quarter Year 3)**

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

- Provide Tarlac, Bulacan, Cagayan, and Bohol TA in MIPH/PIPH completion, and Nueva Ecija TA in starting MIPH/PIPH activities in collaboration with their respective CHD.
- Provide Albay, Visayas provinces, Sarangani, and Zamboanga Peninsula provinces TA in completing their CSR+ plans.
- Provide Albay, Isabela, Negros Oriental, Misamis Occidental, and South Cotabato follow-on TA in CHLSS implementation.
- Finalize the compilation of technical products related to PIPH, CSR planning, and PhilHealth universal coverage planning as inputs to the CHD toolkit being prepared by HPDP.

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

- Through the inter-CA TWG on PhilHealth Concerns, oversee the technical team's implementation of the PhilHealth Benefit Delivery Review Study.
- Provide LGUs technical inputs on resource mobilization upon request.
- Update the costing manual.

### **IR 1.3 Improving Service Provider Performance**

- Coordinate and prepare for the visit of the DOH Mission to SDExH sites.
- Enhance the SDIR tool and develop a guide for SDIR implementers, technical assistance providers, viz., CHDs and PHOs, and other foreign-assisted health projects.
- Conduct a TOT on the use of the Family Planning Competency-based Training Manual.

- Prepare for the integrated HIV/AIDS behavioral and serological surveillance (IHBSS) in Bacolod City.
- Conduct an AI tabletop simulation exercise in Roxas City.

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

- Provide LGU and NGO partners and local health champions TA in planning and implementing critical advocacy activities for FP, MCH, TB, and HIV/AIDS in low-performing LGUs, specifically:
  - organizing LGU-specific advocacy and community-based actions;
  - installing appropriate mechanisms for community dialogues as sources of community inputs to the SDIR process, enhancement of CSR plans, and enactment of needed policies with broad stakeholder support; and
  - providing funding support to key NGO partners to jump-start the implementation of community actions for health in low-performing LGUs in Bulacan, Pangasinan, Negros Oriental, Agusan del Norte, Misamis Occidental, Sarangani, South Cotabato, and Zamboanga Sibugay.

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

### **4.1 Project Management**

#### ***Staffing and Team Development***

As a continuing response to the increasing level of engagement with the LGUs covered by the project, new provincial coordinators were hired, namely Maria Lourdes Salcedo for Sarangani and South Cotabato, and Marcela Donaal for Isabela. Rita Papey's provincial assignment was transferred from Isabela to Pangasinan. Both the Visayas and Mindanao teams were also beefed up with the assumption of Glicerio Doloritos to the position of Financial Management and Planning Coordinator for Visayas and Dr. Elaine Teleron as Service Delivery Coordinator for Mindanao.

At the national office, Aimee Liz Malingan came on board as M&E Specialist in October and Franco Joshua Calixto was hired as Contracts Specialist in November. However, staff resignations during this report period rendered vacant the positions of Field Operations Team Leader (FOTL) as of 22 October, Procurement and Logistics Specialist as of 16 November, and Senior Finance and Administration Manager (SFAM) as of 21 November. Accordingly, recruitment of qualified applicants for the FOTL and SFAM positions was immediately started. Interviews of short-listed applicants were done but the positions have remained vacant at the end of December.

In coordination with the Office Manager, Senior Human Resource (HR) Manager Remy Pascual conducted a new employee orientation for all incoming new hires. The orientation covered important administrative, HR, and finance policies to help employees familiarize themselves with what it means to be part of the project team. Technical orientation was provided by the new employees' respective supervisor.

As part of quarterly staff cross-training, Ms. Pascual completed the RTI HR courses for HealthGov staff on 11-12 December. These courses were:

- **Ethics Training:** The ethics course is designed to provide all RTI employees and subcontractors with the knowledge and skills to uphold RTI's values and standards in daily work. Ethics programs are important for a global company like RTI because laws and business practices vary around the world, as do cultural considerations. The training sought to instill among HealthGov staff an understanding of what ethics is (in an international context) and its importance to RTI and the project, enable them to recognize and reason through ethical dilemmas, and know how to use RTI's resources to help handle ethical issues.
  
- **Respect for the Individual:** This is an essential course developed from the RTI Code of Conduct and updated policy on prohibition and prevention of harassment, discrimination, and retaliation emphasizing key values of fairness, dignity, and equality toward each employee. The course had the following learning objectives:
  - Understand RTI's updated policy on prohibition and prevention of harassment, discrimination, and retaliation;
  - Educate participants on how to appropriately address issues of harassment, discrimination, retaliation, and Code of Conduct violations;
  - Provide tools to help ensure a safe and respectful work environment for all employees;
  - Enable management to confidently administer to their staff the Respect for the Individual program with the assistance of the Senior Human Resource Manager.

In addition to the cross-training, the finance and administration team conducted a SWOT analysis that identified recommendations to improve/streamline administrative processes and improve operational efficiency of the project.

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

### ***Inter-CA Program Implementation Review (PIR) in Luzon and Mindanao***

Three more inter-CA PIR followed the one conducted in the Visayas in September 2008. These were the Luzon PIR held in Tarlac City on 27-28 October and the PIR of the 11 project sites in Mindanao, which was divided into two parts. The first part was held on 12-13 November in Dapitan City; the second one was conducted on 24-26 November in Butuan City.

Dr. Aye Aye Thwin underscored the exercise's importance in enabling USAID to consolidate its strategic programs particularly since project implementation is already running at midpoint. The PIR served as an opportunity for the CAs and USAID to review what has been done in the project sites, determine what is working or is effective, and identify issues and gaps in the coverage of and collaboration among projects. The PIR provided the opportunity to surface specific issues, and understand and address them

accordingly. It afforded the CAs a venue for looking at ways to strengthen collaboration so that the concerted efforts of providing technical assistance at the provincial and municipal levels could bring about change in the SO3 program health outcomes.

Based on the discussions of each province's situation and subsequent inter-CA consultations, the CAs agreed on the technical assistance handles listed below. These handles will serve as the entry point or operational pathway for the provision of USAID TA to the provinces:

#### Luzon

1. **Albay**: Operating a more disaster-resilient province-wide health system to achieve public health outcomes
2. **Bulacan**: Strengthening provincial government to lead multi-sectoral alliances in support of public health
3. **Cagayan**: Improving the efficiency of LGU investments for public health
4. **Isabela**: Implementing the PhilHealth Sponsored Program for improved public health outcomes
5. **Nueva Ecija**: Improving the supply and use of data for increased demand for quality public health services
6. **Pangasinan**: Implementing the PhilHealth Sponsored Program for improved public health outcomes
7. **Tarlac**: Implementing the PhilHealth Sponsored Program for improved public health outcomes

#### Mindanao

1. **Agusan del Norte**: Enabling facility-based deliveries and better access to FP services from public and private providers through advocacy, behavior change communication, and PhilHealth financing
2. **Bukidnon**: Improving province-wide results in FP, MCH, and TB control through stronger program management practices and culturally appropriate behavior change communication
3. **Compostela Valley**: Accelerating improvements in MCH, FP, and infectious diseases control through implementation of the National Health Insurance Program and PIPH/AOP
4. **Davao del Sur**: Demonstrating health system improvement in a select group of LGUs leading to province-wide improvements in public health outcomes
5. **Misamis Occidental**: Through provincial leadership, mobilizing social and financial resources to accelerate gains in maternal health outcomes
6. **Misamis Oriental**: Implementing the PhiHealth Sponsored Program through inter-LGU cooperation and scaled-up private sector investments to improve public health outcomes
7. **Sarangani**: Making investments, governance, and services yield improved province-wide outcomes in FP, MCH, and TB (MIGS for Better Health)
8. **South Cotabato**: Accelerating local health system reform through effective implementation of PIPH focused on reducing inequities and improving public health outcomes
9. **Zamboanga del Norte**: Mobilizing LANDO BIBO and inter-local health zones (ILHZs) to improve public health outcomes

10. **Zamboanga del Sur:** Implementing the PhilHealth Sponsored Program to improve public health
11. **Zamboanga Sibugay:** Improving public health outcomes in geographically depressed and isolated areas (GIDAs) and other low-performing areas through LGU and community partnership

The detailed documentation of the PIR was submitted to USAID and participating CAs. PIR results were used to inform the revision of the HealthGov Year 3 work plan (Y3WP).

### ***Revision of the Year 3 Work Plan***

HealthGov's Cognizant Technical Officer (CTO), Ms. Marichi de Sagun, met with the Project Management Group on 6 October to discuss her initial comments on the project's Year 3 work plan submitted to USAID on 1 September. Her comments, among others, included the need to deepen the situation analysis, and to review the TA interventions and tighten their link to SO3 health outcomes. She also recommended that inter-CA collaboration be elucidated with more specific activities that define how the CAs can work together to improve health outcomes in the province.

To enable HealthGov to incorporate in the work plan the results of the Luzon and Mindanao PIR, the revised Y3WP was submitted to USAID on 24 December.

### ***Corporate Management and Technical Support Visit***

On 20-21 October, Dr. Ronald Magarick, JPHIEGO's Director of Global Programs, visited the project and held consultation meetings with Dr. Aye Aye Thwin and Ms. de Sagun. He also met with Dr. Yolanda Oliveros, NCDPC Director. In his briefing with HealthGov COP and DCOP, Dr. Magarick reiterated JPHIEGO's satisfaction with its partnership with RTI and continued support to the project team. He was pleased to know from his meetings that the implementation of project activities was in full swing. Dr. Magarick also met with JPHIEGO-hired project staff.

Ms. Catherine Fort, RTI's Deputy Director, Center for International Health, visited the project from 24 November – 10 December. During her visit, Ms. Fort completed the following tasks:

1. Assisted with the preparation of a draft realigned project budget;
2. Assisted in the preparation of the draft third year annual work plan;
3. Assisted with the revision of the HealthGov M&E plan; streamlined data capture reporting; and move toward operationalizing the Performance Management Information System (PMIS);
4. Met with local subcontractors, viz., PNGOC and OIDCI, to move forward on key activities and work on processing outstanding contract modifications as needed;
5. Provided inputs on HealthGov's HIV/AIDS strategy and work plan to address the CTO's concerns about infusing new ideas and approaches in this area while avoiding duplication of Global Fund's work

## 4.2 Project Implementation Activities

HealthGov activities during the review period consisted largely of technical assistance provision to partners and stakeholders in all 23 project-supported provinces, DOH, and its regional offices. 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 Provinces**

##### Technical Assistance Provision

During the review period, HealthGov provided two F1 sites (Negros Oriental and Pangasinan), two F1 rollout sites (Albay and Isabela), and one *other* province, i.e., Agusan del Norte, technical assistance in formulating their respective annual operational plan, the yearly translation of PIPH.

The AOP specifies, based on priority health reforms, the major investment proposals in the form of local programs, projects, and activities as defined in PIPH. It identifies critical activities, investment requirements, investment financing sources, M&E benchmarks, and timelines within a particular year. The AOP represents the health investment inputs to the LGU annual investment plan pursuant to *Joint Memorandum Circular No. 1, series of 2007 (March 2007): Guidelines on the Harmonization of Local Planning, Investment Programming, Revenue Administration, Budgeting, and Expenditure Management*. For HealthGov and other USAID CAs, the AOP is also an opportunity to ensure that SO3 concerns are reflected in the operational plan of the rollout sites.

HealthGov assisted Negros Oriental in consolidating the province's AOP 2009. Meanwhile, Pangasinan together with Albay and Isabela were assisted in preparing their AOP 2009. The project ensured that SO3 concerns were included in their respective AOP. HealthGov also assisted Isabela and Albay in drafting the work and financial plan for the startup funds provided by DOH in support of PIPH.

The project assisted 11 city/municipal LGUs in drafting and finalizing their respective municipal AOP 2009 using the 2007 health performance data, SDIR results, and the DOH guidelines on AOP formulation. In January 2009, the PHO will consolidate the C/MLGU AOPs into the province-wide AOP 2009.

- **Other Provinces**

##### Technical Assistance Provision

Four *other* provinces (and the municipalities they cover) that have adopted the F1 track of health investment planning were assisted in preparing, reviewing, and completing their MIPH/PIPH. These provinces are Tarlac, Bulacan, Bohol, and Aklan.

In Tarlac, all 18 C/MLGUs had completed their respective MIPH draft with HealthGov assistance. Following this, the MIPHS will undergo a review by the PHO to identify common as well as unique problems and solutions, and cross-cutting issues like universal PhilHealth coverage (financing); health policy development on common issues (regulation); and inter-LGU cooperation, public-private partnership, and identification of the poor (governance). To facilitate the review, HealthGov recommended that the major contents of the MIPHS be organized in a log frame. Doing so will facilitate appraisal of the consistency of analysis, interventions, and activities vis-à-vis outcome and performance indicators. The project thus oriented the provincial planning team on the use of the log frame.

The provincial health program heads agreed to review the MIPHS in terms of their respective program. The PHO 1 and planning head will ensure that the log frame is completed and forwarded to the program heads for review and comments. Considering the time it would take to complete this process, the MIPH appraisal and subsequently the PHO planning may have to be deferred for the next quarter.

In Bulacan, 21 of the 24 C/MLGUs submitted their first MIPH draft for preliminary review by the Provincial Health Planning Team (PHPT) Technical Working Group. The TWG consisted of representatives from the health, legal, accounting, treasury, budget, planning and development offices. *Bantay Kalusugan ng Bulakan* (BKB, Bulacan HealthWatch), the CHD, the Provincial Administrator, and HealthGov were represented as well.

In a two-part review conducted on 26-27 November and 3 December, the PHPT completed the appraisal of all 21 MIPHS. It was noted that none of the drafts were complete. Following the review, the PHPT will return the drafts to the LGUs with comments and inputs. The PHPT will feed back their findings to the LGUs in early January 2009. The feedbacking sessions will be conducted in four batches to allow one-on-one coaching on how to improve the MIPH. The PHPT will coach LGUs that will need assistance in completing their health investment plan. Enhancement of the MIPHS will be done from February to March 2009.

In Bohol, HealthGov in collaboration with CHD 7 provided technical inputs in the MIPH planning process of clusters of municipalities, each cluster consisting of 4-6 LGUs. TA was provided in the areas of costing, cost sharing, funds sourcing, and management systems. These inputs supplemented the technical inputs that CHD 7 provided.

In Aklan, the project supported the PHO in presenting the PIPH to the Southwest Aklan mayors to secure LGU budget for and commitment to its implementation, and to the Provincial Health Board and *Sangguniang Panlalawigan* (SP, provincial legislative council) to secure the Governor's and SP's endorsement of the PIPH to CHD 6.

### Tool Development

To help provincial planning teams, CHDs, and CAs review and appraise the Bulacan and Tarlac MIPHS, HealthGov convened an inter-CA group to develop simple MIPH appraisal tools as well as additional guidelines for integrating MIPH, CIPH, and the provincial IPH into PIPH. In developing the tools – one for general appraisal and another for priority public health programs – the following general criteria were considered:

- Completeness (planning steps completed)

- Consistency of outcome and performance indicators, analysis, interventions, and activities by major program (log frame)
- Adequacy of costing and sourcing of financing
- Management structure for implementation and M&E

For priority public health programs, i.e., FP, maternal health, child health, TB, HIV/AIDS, and AI, specific items considered were:

- Correct specification of outcome and performance indicators and standards (Reference: NOH)
- Reasonableness of data used for analysis
- Situational analysis and choice of interventions using the health sector/F1 frame, major critical gaps, and effective interventions identified and prioritized
- Valid costing assumptions
- Identified sources of financing

The appraisal tools will be used in the review process to be conducted in January 2009.

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

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

#### Technical Assistance Provision

In general, CSR planning is designed to prepare or update an LGU CSR implementation plan, which includes estimates of investment requirements for FP commodity for the poor and non-poor, service delivery activities to improve service access and utilization, and systems development. It also includes a plan for financing the investment requirements from local budgets, PhilHealth financing, DOH grants, donor funds, and other sources that should be included in the LGU's annual investment plan.

During the period under review, HealthGov provided technical inputs in the development of the municipal CSR plans in Aklan, Negros Oriental, and Negros Occidental. Specifically, component municipalities and cities were provided with: 1) an orientation on the CSR concept within the maternal, newborn, and child health and nutrition strategy, 2) a training on the use of the FP forecasting tool for forecasting their commodity requirements, 3) a discussion of possible CSR-related interventions for the non-poor (beyond safety net), and 4) guidelines on how to develop the province-wide CSR Plan. Outputs of the workshop included the following: 1) five-year forecast of FP commodity requirements; and 2) municipal CSR implementation plan, which identified the gaps and defined the proposed interventions and TA needed in the areas of policy, forecasting, resource mobilization, systems development for sustainability, service delivery, and monitoring and evaluation. These municipal CSR implementation plans will be used as inputs to the preparation of the overall province-wide CSR plan.

In addition, HealthGov supported CHDs in orienting the 23 HealthGov-supported provinces on how to access and implement the DOH Php150 million grant facility as a means of financing portions of the CSR plan requirements. The orientation focused on the 1) nature

of the grant, 2) implementation guidelines governing the grant, 3) key contents of the draft MOA, and 4) options for the allocation of the grant among the different municipalities.

The provinces of Aklan, Negros Oriental, and Negros Occidental are considering using a major portion of the grant for the procurement of FP commodities, and the remainder for training and monitoring, procurement of drugs and supplies for voluntary surgical sterilization, field monitoring, and CSR TWG expenses.

HealthGov provided Capiz TA in updating the province's CSR plan that was developed in 2005 through the assistance of an earlier USAID project. All of the province's 17 LGUs completed their respective CSR plan and submitted these to the PHO in December. Thus far, four of the CSR plans have been reviewed by the PHO and, based on their comments, completed by the LGUs.

Capiz PHO, which has received the DOH MNCHN grant, has decided to use the money for the procurement of pills which will be distributed among LGUs based on the percentage of their current pill users. A portion of the second tranche of the grant will be used for the purchase of DMPA and IUD.

HealthGov provided the municipality of Polangui in Albay province, technical inputs to the review and revision of the LGU's CSR+ policy outlined in an executive order (EO). Proposed revisions in the policy includes 1) defining the program coverage, which now includes FP, micronutrient supplementation, and TB, rabies, and sexually transmitted infections (STI) control; 2) inclusion of principles and policies – in the context of the MNCHN and F1 frameworks – that cover the additional programs; 3) defining a policy on providing for the poor and cost recovery for the non-poor; 4) shifting to population-based forecasting as the forecasting method; 5) including anti-TB drugs for children in the commodity list to be provided; and 6) deletion of provisions that are obsolete and inconsistent with current conditions. The Municipal Health Officer has requested HealthGov for assistance in redrafting the executive order to include the abovementioned points.

### Tool Development

As part of the preparation for CSR planning, HealthGov prepared technical references to facilitate LGU assessment of family planning current users data to be used in forecasting FP commodity requirements. These data include information that would allow a comparison of the LGU's FHSIS data with those from the 2006 Family Planning Survey. A self-assessment guide on collection, recording, and reporting of quality current users data was also prepared based on the experience of Sarangani.

In addition, the experience of Sarangani was used in developing a draft ordinance that supports CSR and MNCHN programs. The draft is intended as a discussion point for legislators as they craft policies in support of CSR. The draft ordinance contains key CSR components, including 1) the context and declaration of CSR policies and principles (with definition of terms), 2) financing, 3) program management, 4) procurement and distribution procedure, 5) program beneficiary's qualifications, and 6) miscellaneous and final provisions.

- **Strengthening LGU Health Information System**

*Community Health and Living Standards Survey (CHLSS)*

HealthGov provided TA to LGUs that have decided to use CHLSS to identify clients with unmet needs for basic services (viz., FP, MCH, TB, micronutrient supplementation) and develop a means test for client segmentation.

HealthGov assisted the Isabela Provincial Steering Committee in reviewing past activities (including the Governor's inputs to the survey questionnaire) and formulating a detailed CHLSS implementation plan. The committee was organized by the Governor to serve as the Technical Working Group for CHLSS implementation. The plan covered the following major items and decision points:

- Orientation of LGU executives, officials, and health personnel
- Defining the coverage of CHLSS implementation (HealthGov recommended covering the entire province)
- Organizing the local CHLSS implementation team
- Designating the persons responsible for maintaining the integrity of survey data (confidentiality and use for official purposes)
- Estimating the cost of CHLSS implementation and agreement on cost-sharing among LGUs
- Training of field implementers and data processors based on a training plan and schedule developed by the Local Team
- Field implementation planning and conduct of activities, including addressing field data collection and data processing issues and problems
- Data analysis and presentation of results to LGUs and other stakeholders
- Accreditation of CHLSS as a local data-generation tool for planning and a data source for means testing
- Policy development, specifically legitimizing the method for identifying program beneficiaries

To push the implementation of CHLSS forward, the committee identified immediate follow-on steps. These included the Governor's issuance of an EO for CHLSS implementation, and formation of CHLSS teams (advisory group and steering group). This will be followed by an orientation of LCEs, MHOs, and other LGU stakeholders.

In Albay, HealthGov oriented different offices of the provincial government (PHO, PPDO, PBO, PSWDO), provincial DILG, PHIC officers, and CHD 5, PHT, and DOH Reps on CHLSS. The orientation covered the following topics:

- Concepts and measures of poverty
- Alternative approaches to identifying program beneficiaries at the local level
- Interface among alternative approaches to identifying program beneficiaries
- Generating local data on unmet needs and living standards using CHLSS
- Ranking households using CHLSS living standards indicators
- Other uses of the data
- Planning the implementation of CHLSS

Furthermore, HealthGov assisted the Albay PHO and the local government of Polangui in formulating a detailed CHLSS implementation plan, which covers similar decision points as that for Isabela.

Given the readiness of Polangui to implement CHLSS<sup>1</sup>, the LGU will start the survey ahead of the province, with the provincial government taking the lead role in the survey implementation. About 15,000 questionnaires will be fielded. Four encoders from the PHO and Provincial Health Team will assist Polangui. Additional encoders will be provided when needed. Encoding will be done by batch so as not to overburden the encoders.

HealthGov will assist the LGU in the training of trainers and encoders as well as in data processing and analysis. As an immediate next step, the PHO and the LGU of Polangui will sit down to finalize the questionnaire with HealthGov assistance.

Following HealthGov's presentation of the CHLSS tools and operational details of the survey to South Cotabato municipal and planning health officers in the previous quarter (i.e., Y2Q4), the PHO prepared and presented to the Governor and provincial agencies like DILG and PHIC an initial CHLSS implementation plan. Subsequently, on the Governor's instruction the PPDO organized a provincial CHLSS TWG that drew up a detailed action plan including sources of budget requirements, and crafted an executive order to provide the legal basis for the conduct of CHLSS. These preparations culminated in two batches of training on CHLSS implementation. Held on 8-10 and 15-17 October, the training resulted in a tool translated from English to the vernacular, and an understanding of the literal and implied meaning of questions in the questionnaire.

Training participants did an on-site survey in a nearby barangay to give them a feel of data gathering. Outputs of the test survey were considered part of the survey.

Meanwhile, all 25 LGUs in Negros Oriental have started CHLSS data gathering, which has covered about 29% of households. Nearly 4% of the survey forms have been encoded. Three LGUs – the cities of Bais and Tanjay, and the municipality of Zamboanguita – have covered 75-85% of the target respondents. Enumerators consisted chiefly of barangay health workers.

The PHO monitoring team noted service providers' appreciation of the data being gathered. Health care providers observed that the survey has "updated their list of children for immunization follow-up and women for maternal and FP follow-up." Meanwhile, LGUs provided counterpart support for the reproduction of survey materials and honorarium for enumerators and encoders.

- **Strengthening Local Health Policy Development**

Building the capacity of local chief executives (LCEs) and Sangguniang Bayan members on evidence-based legislation is key to the increased use of locally generated data for decision-making and to strengthening local health governance. HealthGov's TA in this regard consists of assisting champions and key stakeholders in practicing and

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<sup>1</sup> Following the CHLSS orientation that HealthGov gave Polangui LGU in the previous quarter (Y2Q4), Sangguniang Bayan members found CHLSS a viable option for identifying the poor and requested for technical assistance to implement it.

subsequently institutionalizing a typical EBL process for health. The EBL process consists of several sets of activities that include an orientation phase, a legislative phase, an executive approval phase, and policy implementation and tracking. Currently, the project is focusing on providing TA in the orientation phase of EBL on CSR and PhilHealth financing.

In a CSR local policy development workshop held for Sarangani on 2-3 October, HealthGov provided technical inputs in the orientation of local legislators and other municipal and provincial officials on CSR policies; health care financing options, including PhilHealth and imposition of user charges; and fund management schemes, including revolving drug fund. As a result, five participating municipalities – Alabel, Kiamba, Maasim, Malapatan, and Malungon – were able to draft their respective municipal ordinance and executive order.

Municipal- and provincial-level participants included the chairpersons of the SB/SP health committee and appropriations committee, local government operating officers, planning and development officers, the MHO, and the PHO and his technical staff. Workshop preparations included identification of a legislative champion in the person of the SP health committee chair, working with the champion in organizing the workshop to orient provincial and municipal legislators on CSR and a number of health financing and governance concerns, and advocacy visits by the PHO and PHTO together with HealthGov advocacy TA. Advocacy here seeks to get legislators' support to CSR.

In the workshop, HealthGov provided technical inputs that included discussion of general considerations in developing a CSR policy, as follows:

- FP as a health *and* a development intervention
- As a health intervention, FP as part of the MNCHN package of interventions (DOH AO 2008-0029)
- As part of MNCHN, the need to promote all methods in the context of informed choice and voluntarism consistent with the national FP policy (DOH AO 50-A, s. 2001)
- For commodity-based methods, the need to make FP commodities available in the locality in response to the phase-out of donated contraceptives (CSR and DOH AO 158, s.2004)
- FP as a health and a development intervention – the need to protect the poor while ensuring availability of services for the non-poor
- The provision of FP services as part of the LGU mandate (Section 17 of LGC) and supports the LMP resolution of 2004
- Policy options and areas for inter-LGU collaboration (e.g., common province-wide policy on CSR and common financing and service delivery strategies for addressing the needs of the poor and the non-poor)
- Instruments to be developed to embody the above local policy decisions and inter-LGU collaboration (e.g., EO, ordinance)

HealthGov also discussed policy issues in implementing PhilHealth universal coverage, imposing user fees on non-poor clients, and establishing a revolving drug fund. In addition, the project updated the participants on the DOH PhP150 million grant facility, including its legal basis, program objectives, basis for performance-based fund allocation, and disbursement of funds.

### **IR 1.1 Activities Planned for 2nd Quarter Year 3**

- Provide Tarlac, Bulacan, Cagayan, and Bohol TA in MIPH/PIPH completion, and Nueva Ecija TA in starting MIPH/PIPH activities in collaboration with their respective CHD
- Provide Albay, Visayas provinces, Sarangani, and Zamboanga Peninsula provinces TA in completing their CSR+ plans
- Provide Albay, Isabela, Negros Oriental, Misamis Occidental, and South Cotabato follow-on TA in CHLSS implementation
- Finalize the compilation of technical products related to PIPH, CSR planning, and PhilHealth universal coverage planning as inputs to the CHD toolkit being prepared by HPDP

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

#### ***Technical Assistance Provision***

- **Support to LGUs in Accessing the DOH PhP150 M Grant Facility**

The DOH has issued budget execution guidelines to provide a grant facility for LGUs to expand and improve the quality of their FP/MNCHN activities. In support of this, HealthGov assisted DOH through the CHDs and PHOs in orienting the 23 project-supported provinces on accessing and utilizing the PhP150 million grant. Accessing the grants requires a signed MOA between the LGU and CHD, and the submission of documentary requirements for the release of funds.

In Albay, the grant orientation was made part of the AOP 2009 preparation. In Sarangani, the orientation piggybacked on the health policy development workshop which focused on CSR policies and financing policies in support of CSR and PIPH. As mentioned earlier, the CSR workshops conducted in Aklan, Negros Oriental, and Negros Occidental were also occasions where HealthGov provided inputs on the grant implementation.

As of 23 December, all 23 provinces have signed a MOA with their respective CHD. Funds for six of these provinces have been released by the Department of Budget and Management (DBM) to their respective CHD. These provinces are Pangasinan, Cagayan, Albay, Aklan, Capiz, and Negros Occidental. Two provinces, namely Albay and Agusan del Norte, have received the funds from CHD 5 and CHD Caraga, respectively.

- **Local Resource Mobilization**

LGUs which have identified resource mobilization as a strategy for sustaining PIPH investments need to review various options for generating, appropriating, and allocating resources. They also need to review their local revenue code to determine the local taxes, fees, and charges they can impose to generate additional revenue. Prior to this, however, LGUs have to assess the efficiency with which they are collecting revenues so that resources can be mobilized without increasing local tax rates.

In allocating funds, LGUs may consider adopting performance-based grants to NGOs or other private groups to implement public programs wherein the NGOs/private groups have a comparative advantage, as in the case of HIV/AIDS surveillance and prevention activities. HealthGov is ready to provide technical assistance in facilitating LGU discussions on these issues and designing appropriate implementation instruments.

### Aklan

In Aklan, HealthGov met with the PHO and the provincial finance committee to discuss the LGU's plan to assess and identify different financing options in support of PIPH. The provincial planning team was informed about two basic strategies to increase internal resources for PIPH: 1) increase local revenue and work on its allocation for health either through automatic earmarking or justifying through the regular budget, and 2) increase the budget through extra-budgetary resources (e.g., lump sum funds or budget of other departments which support health-related activities). While the planning team may identify fund sources, there is a need to discuss matters with the local finance committee because the Treasury and Budget Offices will have to accept the proposals.

The provincial planning team identified user fees and extra-budgetary support as the LGU's potential funds sources but knew little about them. With the technical inputs that HealthGov provided they are now equipped to match activities and resources, but look forward to HealthGov's support for when they meet with the local finance committee and higher authorities.

HealthGov also met with officials of the Aklan South West ILHZ to discuss options for expanding funding sources, which include:

- fixed support from the province and component cities and municipalities
- pooled procurement for the province and component LGUs
- packaging for best practice model since the ILHZ had been visited for the operation of Pop Shops
- training fees for skills training organized by the ILHZ
- providing laboratory procedures not normally delivered by the LGUs
- shares in the PhilHealth reimbursements and accommodation of the informal sector
- publications

The ILHZ Board will deliberate on these potential sources and may seek assistance of HealthGov in their design and implementation.

### Davao del Sur

In Davao del Sur, HealthGov provided technical advice to the Sangguniang Bayan members and department heads of the municipality of Bansalan in updating their local revenue code. The request for assistance was initiated by the MHO, Sangguniang Bayan, and the Office of the Treasurer in view of the growing need for more resources to finance their MIPH beyond what the IRA can provide.

The technical advice consisted of an orientation on the LGU taxing and revenue-raising powers, and included a review of basic taxation concepts such as incidence, base, rate, and formula. At their end, the MPDO and the municipal treasurer discussed the MIPH and its funding requirements to highlight the big financing gap.

For majority of the participants, this was their first time to be involved in updating the local revenue code; they had scant knowledgeable of taxation. With HealthGov's technical inputs, many of their misconceptions on the current practice were clarified during the discussion. For instance, HealthGov pointed out that improving the revenue structure is only one side of the strategy. Effective and efficient administration is the other side of it. It was also underscored that guidelines on imposing user fees can be made more effective if they take into account the fees' reasonableness in relation to taxpayers' ability to pay, simplicity in procedures, and a clear picture of what the revenues will support.

Further discussions will be organized by the local officials themselves. They have requested HealthGov to provide future assistance in the review of their outputs prior to submitting them to the Sanggunian.

### Compostela Valley

To strengthen the LGU's resource mobilization efforts, the provincial treasurer proposed to enhance the capacity of municipal treasurers and assessors to assess and collect real property tax; prepare financial reports; and improve revenue collection, procurement, and budgeting. The DOH F1 start-up fund was identified as a source of assistance for this training.

HealthGov provided technical advice on the design of the proposed training. The project convinced the proponent to focus in 2008 on one of the identified training areas and continue with the other areas the following year. Thus in 2008, the provincial and municipal treasurers settled for conducting an internal assessment of the collection efficiency in real property and business taxes. Training on improving budgeting, preparation of financial statements, procurement, and budgeting will be undertaken in 2009.

The first of the training activities was conducted on 9-11 December with 35 participants in attendance.

### Davao City

HealthGov provided technical advice to the City Health Office and city treasurer on potential funding sources for the men who have sex with men peer educators program to be implemented by an NGO through a performance-based grant. Since the city treasurer considers this a non-routine program, a project proposal has to be prepared by the CHO detailing the scope of work and compensation scheme.

The city treasurer was oriented on the concept of performance-based grant. He believed the program can be supported through the supplemental budget and considered a base amount of PHP1 million. He stressed, however, the need for the CHO and the Social Hygiene Clinic to make a good proposal, and requested HealthGov for assistance in preparing it. The proposal is due at the end of January 2009.

## ***Coordination with Partners and Stakeholders***

- **Support to PhilHealth Policy Development (in collaboration with Inter-CA TWG on PhilHealth Concerns)**

The Inter-CA TWG on PhilHealth Concerns chaired by HealthGov is assisting PhilHealth in undertaking a study on improving PhilHealth benefit delivery on priority health services related to FP, MNCHN, TB, and HIV/AIDS.

Given the mandate to proceed with the study titled “Financing Strategy for Priority Health Services: Improving PhilHealth Benefit Delivery,” the Inter-CA TWG organized two meetings during the review period to signal the start of the study implementation. The first was a joint meeting of the PhilHealth Benefit Delivery Review Steering Committee and the PhilHealth Benefit Delivery Review Technical Working Group. These groups were created by the PhilHealth Board to implement the study in collaboration with the USAID Inter-CA TWG on PhilHealth Concerns. The meeting discussed the details of USAID’s TA approach as well as operational concerns, and planned an inception meeting of all concerned implementers (viz., PhilHealth, USAID CAs, and consultants) to agree on implementation modalities, data requirements and their retrieval, and future schedules.

Subsequently, the inception meeting was held in December. The chair of the Steering Committee presented the TA program to the President of PhilHealth as well as to the other members of the Steering Committee and TWG. Everyone agreed on the need for a more detailed operationalization of the conceptual framework and approach, and discussion of the implementation activities. The USAID CA Task Team is implementing the technical work in collaboration with the PhilHealth counterpart technical team. Initial focus is on retrieving, compiling, and analyzing PhilHealth data from PhilHealth’s database.

- **Support to the Development of Briefing Materials and Exhibit for the 2008 LMP General Assembly**

As part of its task of building LGU support for investing in health, HealthGov spearheaded the development of briefing materials on USAID health projects and an exhibit that celebrates the health governance partnership forged between USAID and the League of Municipalities of the Philippines (LMP) and USAID. The materials were displayed during 2008 LMP General Assembly held 19-21 November. US Ambassador Kristie Kenney keynoted the convention.

More than 300 mayors visited the USAID health projects exhibit and were given copies of the briefing materials. Project staff of USAID CAs also gave them a brief introduction to the health projects.

USAID Mission Director Jon Lindborg who participated in the event expressed his appreciation for the IEC materials and technical products that were put together by HealthGov with inputs from other USAID cooperating agencies.

- **Support to the Development of Marketing Materials for Fil-Am Doctors**

To backstop resource generation efforts for USAID-assisted LGUs, HealthGov supported USAID in developing a briefing/marketing kit for a group of Filipino-American doctors who visited the Philippines in December. USAID saw its meeting with the Fil-Am doctors, a group that is willing to support health initiatives, as an excellent opportunity to leverage funds and broker a partnership between them and USAID partner-LGUs in pursuing health sector reform efforts.

On USAID's request, HealthGov documented the priority needs of USAID-supported provinces and developed appropriate IEC materials. USAID shared these materials with the Fil-Am doctors to better identify areas for support to the different provinces in the country.

### **IR 1.2 Activities Planned for 2nd Quarter Year 3**

- Through the inter-CA TWG on PhilHealth Concerns, oversee the technical team's implementation of the PhilHealth Benefit Delivery Review Study
- Provide LGUs technical inputs on resource mobilization upon request
- Update the costing manual

### ***IR 1.3 Improving Service Provider Performance***

During the report period, the project provided technical assistance in orienting national trainers and authors on the finalized SDExH training program, training SDExH trainers, and assessing SDExH implementation among LGUs; pretesting the revised family planning competency-based training curriculum; ICV orientation training and compliance monitoring; HIV/AIDS continuing activities; CBEWS installation, AI simulation exercise in Roxas City, and monitoring AI implementation. The project also developed a conceptual framework for revising the manual on supervision for PHNs, and provided TA in the TB assessment workshop for three provinces and selected municipalities.

#### ***Service Delivery Excellence in Health (SDExH)<sup>2</sup>***

- **Conduct of Training of Trainers**

##### Training of Regional and Provincial SDExH Trainers

With the DOH's instruction to temporarily suspend continuing quality improvement (CQI) activities, HealthGov met with CHD 10; the CHD Local Health and Development (LHAD) chief; and the FP, MCH, TB, and HIV/AIDS program coordinators to discuss the SDExH assessment and plan for expanding its implementation. An issue raised in this meeting was the Misamis Occidental Governor's request for training on CQI and the SP health committee chair's pronouncement on the implementation of SDExH in three other inter-

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<sup>2</sup> 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.

local health zones. It was decided that TA requests for a trainers' training will be responded to and that the TOT for CHD 10 will be pursued.

Following this, NCDPC with HealthGov TA conducted a TOT for CHD 10 and the provinces of Capiz, Negros Oriental, Bukidnon, Misamis Occidental, and Misamis Oriental which had requested for the TA. In all, 23 regional and provincial staff were trained as SDExH trainers in the TOT held on 10-15 November in Cagayan de Oro City (see Table 1).

A critical issue the participants raised is the budget support for the rollout of SDExH in areas which are not F1 sites. The CHD 10 regional director committed to provide budget support to non-F1 areas. However, this is always subject to availability of DOH funds. Another issue is the non-involvement of CHD 6 and 7. It was agreed that the HealthGov regional team needs to interact with CHDs on an SDExH action plan for Capiz and Negros Oriental.

During and after the TOT, a consultant revised the training manual based on the comments and recommendations of both trainers and participants. The revisions and enhancements consist of the following:

- Technically edited SDExH trainer's guide (9 modules)
- Technically edited SDExH participants manual (9 modules)
- Checklist of the criteria for the selection of TA providers
- Inputs to the SDExH operations guide
- SDExH strategy framework and plan
- The TOT design incorporated into the training manual – facilitators' guide

The project will continue to support NCDPC in advocating for SDExH champions in DOH through an orientation of the technical staff in the cluster and the Field Implementation and Management Office. In addition, the project will support the assessment of CQI initiatives in DOH.

#### Orientation Training of National SDExH Core Trainers

NCDPC and HealthGov conducted an orientation training on the finalized SDExH framework and training modules for seven trainers at the national level. The training covered the following:

- 1) Orientation on the SDExH framework and the over-all objectives and design of the enhanced SDExH training program
- 2) Organizing and planning for the training of regional and provincial trainers of selected regions and provinces

*Table 1*  
Number of trainers trained on SDExH

| OFFICE                 | NO. OF TRAINERS TRAINED |
|------------------------|-------------------------|
| IDOH – CHD 10          | 6                       |
| Misamis Oriental PHO   | 4                       |
| Misamis Occidental PHO | 1                       |
| Bukidnon PHO           | 3                       |
| Capiz PHO              | 5                       |
| Negros Oriental PHO    | 4                       |
| <b>TOTAL</b>           | <b>23</b>               |

3) Detailed review of the enhanced SDExH training program

The three phases of the training program, the modules covered in each phase (see Box 1), the expected outputs, and the timing each step will be carried out were introduced in plenary. The trainers reviewed their respective module assignment and described how their respective modules as designed will be carried out to give opportunity for core trainers to level off their understanding of each module and its purpose, content, and methodology.

- **Monitoring the Implementation of Service Improvement Plans and Achievement of Service Standards in Selected SDExH Pilot Sites**

The HealthGov project staff together with the newly trained SDExH trainers from the PHO assessed the achievement of local service standards and implementation of the service improvement plans of two municipalities, namely Valencia and Amlan, and the Negros Oriental Provincial Hospital. This is the second external assessment for these facilities.

*Box 1*  
SDExH Training Package

*Phase 1*

- Introductory Module: Continuing Quality Improvement and the SDExH Approach
- Module 1: Visioning
- Module 2: Setting Local Service Standards
- Module 3: Monitoring and Coaching after Training

*Phase 2*

- Module 4: Planning and Implementing Service Standards
- Module 5: Measuring Progress in Service Standards
- Module 6: Monitoring and Coaching after Training

*Phase 3*

- Module 7: Recognizing Achievements
- Module 8: Institutionalizing SDExH
- Module 9: Coaching and Mentoring after Training

*Table 2*

Valencia RHU's progress in achieving local service standards, Valencia, Negros Oriental, Jan – Nov 2008

| PROGRAMS                         | NUMBER OF STANDARDS SET | NUMBER OF STANDARDS MET |                         |
|----------------------------------|-------------------------|-------------------------|-------------------------|
|                                  |                         | Baseline as of Jan 2008 | Progress as of Nov 2008 |
| Family planning                  | 4                       | 1                       | 2                       |
| Expanded Program on Immunization | 20                      | 12                      | 18                      |
| Tuberculosis                     | 21                      | 9                       | 17                      |
| Maternal care                    | 13                      | 8                       | 10                      |
| Delivery & newborn care          | 28                      | 23                      | 27                      |

Valencia RHU

The Valencia RHU assessment was participated in by the medical technologist, two RHMs, and PHNs. It focused on the standards for delivery and newborn care because this was not covered in the previous visit. Delivery and newborn care standards were not given emphasis during the modular training because the facility was

not very active in facility-based deliveries. However, the facility claimed that after the conduct of SDExH, facility deliveries at the RHU increased.

A comparison of baseline and post-SDExH accomplishment of standards showed an increasing trend (see Table 2). In terms of improving program implementation, the midyear review of CPR, FIC, TB cure rate, case detection rate, prenatal visits as well as deliveries in health facility and by skilled personnel indicated an increasing trend. So far, there is no reported incidence of maternal mortality in the municipality.

### Amlan RHU

The follow-up visit to Amlan was attended by the MHO, two public health nurses, one medical technologist, and three rural health midwives. The MHO explained that she wanted to revisit the service vision of the facility vis-a-vis the Mayor's shift in priority, particularly that of building a 10-bed hospital. A private organization is planning to put up such a facility in the municipality.

*Table 3*  
Amlan RHU's progress in achieving local service standards, Amlan, Negros Oriental, Jan – Nov 2008

| PROGRAMS                         | NUMBER OF STANDARDS SET | NUMBER OF STANDARDS MET |                         |
|----------------------------------|-------------------------|-------------------------|-------------------------|
|                                  |                         | Baseline as of Jan 2008 | Progress as of Nov 2008 |
| Family planning                  | 11                      | 10                      | 9                       |
| Expanded Program on Immunization | 20                      | 14                      | 16                      |
| Tuberculosis                     | 20                      | 16                      | 18                      |
| Maternal care                    | 13                      | 8                       | 9                       |
| Delivery & newborn care          | 40                      | 30                      | 31                      |

Minimal improvements in achieving the standards of the selected programs were noted (see Table 3). In particular, achievement of FP standards slid back due to poor recording of FP client data in FP Form 1. However, achievement of standards for EPI, TB, maternal care, and delivery and newborn care showed some slight improvement. The 2008 mid-year SDIR reflected increased program coverage for prenatal visits, deliveries in health facility and by skilled birth attendants as well as TB CDR, cure rate, and FIC. There were no reported maternal deaths.

*Table 4*  
Negros Oriental Provincial Hospital's progress in achieving local service standards, Jan – Nov 2008

| PROGRAMS               | NUMBER OF STANDARDS SET | NUMBER OF STANDARDS MET |                         |
|------------------------|-------------------------|-------------------------|-------------------------|
|                        |                         | Baseline as of Jan 2008 | Progress as of Nov 2008 |
| Emergency Room         | 10                      | 4                       | 8                       |
| OPD                    | 9                       | 5                       | 7                       |
| Medicine               | 8                       | 5                       | 6                       |
| Surgery                | 9                       | 4                       | 7                       |
| Therapeutics Committee | 8                       | 4                       | 7                       |

### Negros Oriental Provincial Hospital

Members of the assessment team included the department heads of the selected hospital service, head nurse of the outpatient department and emergency room, the chief nurse,

and head of the laboratory and the pharmacy. A marked improvement in the achievement of standards was noted since the baseline figures were set in January 2008 (see Table 4). And except for some standards that require changes in hospital policy, legislation, and additional manpower, these achievements have been sustained thus far.

The hospital team is confronted with the challenge of maintaining a customer-friendly attitude. With the current occupancy rate at more than 200%, staffs suffer from work overload. Referrals from the downgraded district hospital contribute to this overload.

The assessment team identified the following major issues which need to be addressed: 1) periodic self- as well as internal and external assessments have not been fully internalized by the facilities involved, 2) the hospital team is requesting for a periodic external assessment to review the local standards that have been set, 3) the PHO lacks leadership in conducting the external assessment, 4) some of the standards are dependent on the facility improvement supported by EC funds, 5) the provincial hospital requires additional manpower to cope up with the number of admitted patients, and 6) slow progress in achieving standards by some facilities such as Amlan.

HealthGov recommended the following next steps: 1) mentoring and coaching of trained PHO staff in the follow-up of SDExH implementation, 2) revisit the standards to separate facility standards from clinical standards and introduced the new clinical standards from the revised SDExH module, 3) validate achieved standards of the facilities, 4) consolidate all documentation reports of SDExH, and 5) complete the external assessment of Bacong RHU and the SDExH outputs of San Jose RHU.

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

The program implementation review (PIR) is one of the tools for monitoring the progress of public health programs. It effectively identifies areas and programs that could be accelerated to improved service delivery. The DOH has implemented PIR at different levels since the late 1980s, but had no standard review tool for use across program levels. To fill in this lack, 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. The tool allows the participation of all service providers, including barangay health workers (BHWs) in the review.

During the quarter under review HealthGov provided Nueva Ecija technical assistance that would allow the LGU to undertake SDIR. On 9 October, the project conducted a one-day SDIR orientation for 70 public health nurses from 30 of the province's 32 cities/municipalities (the cities of Cabanatuan and San Jose were not represented). The PHO technical staff and program managers, the provincial health team leader and the PHO were present as well. The orientation sought to inform the participants on the SDIR process and the tools for doing the internal and external performance assessment and the provincial SDIR workshop. The usefulness of SDIR in improving service delivery coverage and performance was emphasized.

Following the orientation, HealthGov assisted the province in a three-day training of SDIR facilitators on 12-14 November. Thirty-one provincial health officials and DOH Reps were trained on the different facets of facilitating the SDIR workshops. The training covered coaching and mentoring on filling up the forms, analyzing the health situation, and formulating an acceleration plan.

Participants were provided with guides on the different health programs. Sample focus questions were discussed to help the participants complete an accurate assessment of performance. Demonstration and return demonstration exercises were also carried out to improve the participants' facilitation skills.

Participants, including municipal health officers who came on the last day of the workshop, drew out an action plan that details the schedule of the city and municipality visits and of the provincial SDIR workshop, among others. They agreed to conduct the performance assessment at the LGU level from January to February 2009 with a team of facilitators from the PHO and PHTO. They also agreed to use 2007 FHSIS data at the LGU level and other data systems to get data not available in FHSIS.

### ***Improving Service Providers' Training System***

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

#### Pretest of the 2008 FPCBT Course Level 1

NCDPC, with support from HealthGov, PRISM, HPDP, SHIELD, and HealthPRO, and with selected CHD family planning trainers, pretested the revised FPCBT manual among 22 service providers from NCR and the provinces of Bulacan, Nueva Ecija, Tarlac, and Pangasinan. The pretest aimed to evaluate 1) the accuracy and appropriateness of the manual's content, 2) applicability of the methods used, and 3) suitability of the training design, including allotted time, materials, handouts, and methodology.

The seven CHD FP trainers who participated came from CHDs 1, 3, 5, 11, 12, and NCR. A consultant hired to revise the manual documented the pretest.

The FPCBT course was similarly pretested. This involved the FPCBT Technical Working Group which observed the training and assessed the revised manual using guided questionnaires. At the end of the day, observations on each set of modules presented that day were discussed in a facilitators' meeting. Findings, comments, and suggestions informed the revision of the trainers' guide and participants' manual.

#### Finalization of FPCBT Levels 1 and 2 Trainers' Guide and Participants' Manual

Following the pretest, the FPCBT manual was revised based on the comments and recommendations of the trainers and TWG. Supported by HealthGov, DOH conducted a workshop on 3-5 December to review and finalize the content, methodologies, and activities in the FPCBT course for both Levels 1 and 2. Level 1 is the basic FP course, which all FP service providers must undergo, while level 2 is designed for potential high-volume IUD service providers.

The FPCBT Levels 1 and 2 trainers' guide and participants' manual were subsequently revised further. In all, the training materials have been revised six times. The training of trainers is planned for February and March 2009 during which the Department of Budget and Management would have released funds to DOH to support the training.

The training of trainers is intended for CHDs and provinces. Since DOH's thrust is to institutionalize training in training institutions, DOH will invite the University of the Philippines College of Public Health and other family planning-concerned NGOs to participate in the TOT. The training of 109 trainers in three batches (see Table 5) is estimated to cost PhP2.6 million. Of this amount, 74% will be borne by DOH and the balance by HealthGov.

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

NCDPC and HHRDB together with HealthGov, TB LINC, and HPDP conducted a two-day consultative workshop to assess the supervision manual and training guide for public health nurses. The workshop, held on 15-16 October,

aimed to solicit feedback on the manual and identify its strengths and weaknesses. This information will help DOH update and revise the resource material and subsequently improve the service providers' training system. These enhancements are expected to ultimately strengthen service provider performance.

In all, 32 participants attended the workshop. These included representatives from DOH central office; CHDs 1, 2, and 3; selected provincial/municipal health offices from Bulacan, Cagayan, Isabela, Nueva Ecija, Pangasinan, Tarlac, Negros Oriental, and Misamis Occidental; and USAID CAs, namely TB LINC and HPDP.

*Table 5*  
109 Trainers will be trained on the use of the FPCBT manual from February to March 2009

| PARTICIPATING UNIT                  | NO. OF PROVINCES COVERED | NO. OF PARTICIPANTS |           |            |
|-------------------------------------|--------------------------|---------------------|-----------|------------|
|                                     |                          | CHD                 | PHO       | TOTAL      |
| <b>LUZON, 9-14 February 2009</b>    |                          |                     |           |            |
| CHD CAR                             | 6                        | 2                   | –         | 2          |
| CHD 1                               | 4                        | 2                   | 1         | 3          |
| CHD 2                               | 5                        | 2                   | 2         | 4          |
| CHD 3                               | 7                        | 2                   | 3         | 5          |
| CHD 4A                              | 5                        | 2                   | 3         | 5          |
| CHD 4B                              | 5                        | 2                   | –         | 2          |
| CHD 5                               | 6                        | 2                   | 1         | 3          |
| CHD NCR                             | 17                       | 8                   | –         | 8          |
| <b>TOTAL</b>                        | <b>55</b>                | <b>22</b>           | <b>10</b> | <b>32</b>  |
| <b>VISAYAS, 23-28 February 2009</b> |                          |                     |           |            |
| CHD 6                               | 6                        | 2                   | 12        | 14         |
| CHD 7                               | 4                        | 2                   | 8         | 10         |
| CHD 8                               | 6                        | 2                   | 12        | 14         |
| <b>TOTAL</b>                        | <b>16</b>                | <b>6</b>            | <b>32</b> | <b>38</b>  |
| <b>MINDANAO, 9-14 March 2009</b>    |                          |                     |           |            |
| CHD 9                               | 3                        | 2                   | 3         | 5          |
| CHD 10                              | 5                        | 2                   | 5         | 7          |
| CHD 11                              | 4                        | 2                   | 4         | 6          |
| CHD Caraga                          | 5                        | 2                   | 5         | 7          |
| CHD 12                              | 4                        | 2                   | 4         | 2          |
| ARMM                                | 6                        | 2                   | 6         | 6          |
| <b>TOTAL</b>                        | <b>27</b>                | <b>12</b>           | <b>27</b> | <b>39</b>  |
| <b>GRAND TOTAL</b>                  | <b>98</b>                | <b>40</b>           | <b>69</b> | <b>109</b> |

The workshop identified the supervisory roles and functions of PHNs within the context of public health in the country. It also generated an assessment of the PHN trainers' guide and resource manual on supervision. Lastly, the workshop participants formulated a framework for supportive supervision on which the enhancement of the resource materials will be anchored.

Drawing on the suggestions of HHRDB and HealthGov, a consultant enhanced the framework, taking into account such issues as the context of supervision (i.e., the health sector reform agenda/F1) and who, what, and how to supervise. The flow of concepts and the content of the manual then took off from this framework.

As a follow-on, the consultant will present the manual to NCDPC and HHRDB in January 2009 to solicit additional inputs. DOH will organize a technical working group composed of members from NCDPC and HHRDB who will review the drafts and oversee the finalization of the resource manual. The consultant will develop the trainers' manual and the final resource manual.

### ***Improving Local Response to HIV/AIDS, Avian Influenza (AI), and Tuberculosis (TB)***

- **HIV/AIDS**

#### Technical Assistance Provision

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 of General Santos City, 2) support to inter-LGU collaboration in planning for HIV/AIDS in Metro Cebu, 3) LGU financing for an MSM peer education program in Davao City, and 4) support to high-risk cities' observance of 2008 World AIDS Day.

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

With HealthGov TA General Santos City enhanced in a two-day workshop the LGU's multi-sectoral ISFP for HIV/AIDS. The integrated strategic and financial plan delineates the 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.

Representatives from the city's STI/HIV/AIDS committee, the local health board, and CHD 12 led the finalization of the draft. The strategic and financial plan was subsequently presented to Mayor Pedro Acharon, Jr. who approved in principle its adoption. The regional director of CHD 12 likewise affirmed his support to the LGU's HIV/AIDS program. He committed to provide funds for the following items in the ISFP: logistics for the 2008 World AIDS Day celebration and around PhP200,000 to implement the 2009 integrated HIV/AIDS behavioral and serological surveillance.

### *Support to the HIV/AIDS Inter-LGU Collaboration in Planning for HIV/AIDS in Metro Cebu*

The cities of Cebu and Mandaue have both identified in their HIV/AIDS ISFP inter-LGU cooperation as a strategy mutually beneficial to participating LGUs. The strategy's merit draws on the practice of STI/HIV/AIDS most at-risk populations – female sex workers (FSWs) and their clients, males who have sex with males (MSMs), and injecting drug users (IDUs) – of moving around in contiguous LGUs. With the CHO of Lapu-Lapu City supporting the idea, HealthGov contracted a local consultant to assess the feasibility of LGU collaboration among the cities of Cebu, Lapu-Lapu, and Mandaue in the areas of STI/HIV/AIDS surveillance, prevention, treatment, care, and support. Study findings indicated that inter-LGU collaboration is feasible. Possible areas of collaboration include governance, specifically local AIDS council organizational policy development, planning, capacity building, and procurement. Regulation was also identified as an area of cooperation, particularly standardizing social hygiene clinic (SHC) operations and harmonizing the cervical smear schedule of the three cities. These findings were presented to local government officials, NGO representatives, and other stakeholders in a meeting that CHD 7 convened in September.

As a follow-through, HealthGov is coordinating with stakeholders on the design and details of a workshop where the three cities will craft their common vision for the HIV/AIDS program and formulate a unified plan.

### *LGU Financing for an MSM Peer Education Program in Davao City*

HealthGov met with the Davao City treasurer on 19 November to discuss how the project could assist the LGU in sourcing funds for an MSM peer education program. Finding funds for peer education has become imperative in light of the grossly disproportionate ratio of only one peer educator (PE) for an estimated 3,360 to 10,080 MSM in Davao City. Based on experience, one PE can access 10 new individuals/MSM a month. For every one PE this translates to an estimated 120 new clients a year plus repeat sessions with old contacts. Hence, at least 28 peer educators are needed to reach 3,360 MSM.

HealthGov agreed to assist Davao City Health Office in developing a proposal that presents the need for funds from the 2009 supplemental budget and budget support in 2010.

### *Support to LGUs' Observance of 2008 World AIDS Day (WAD)*

HealthGov supported the cities of Quezon, Bacolod, Davao, and General Santos in their observance of 2008 World AIDS Day. Specifically, the project provided TA in designing the LGUs' respective WAD program, in leveraging other sectors' support to the WAD celebration, and in evaluating the activities.

In addition to the Metro Manila Walk for AIDS, Quezon City also hosted a forum on the global, national, and local HIV/AIDS situation. More than 135 city residents, LGU officials, NGO representatives, and other stakeholders participated in the forum. In his message, Vice Mayor Herbert Bautista enjoined the city councilors to examine more closely the budget for HIV/AIDS and to identify potential funding sources to augment its current level. He called on the newly formed Quezon City Health and Lifestyle Spa, Massage Clinics, Clubs and KTV Association to promote regular sexual health check of their workers. USAID was instrumental in forming this association.

To drum up awareness of HIV/AIDS, Bacolod City in partnership with local NGOs organized a caravan that went around major streets, and a dinner-for-a-cause that raised funds for HIV/AIDS education activities. An exhibit held at the SM City Bacolod Mall on 17-18 December highlighted the concept of public-private partnership for HIV/AIDS. Vice Mayor Thaddeus Sayson opened the exhibit. In his short speech, he underlined the importance of awareness-raising among the general population. He was pleased to note that people availed themselves of the information materials that came with the exhibit. He was optimistic that with correct HIV/AIDS information, the stigma attached to the disease and discrimination against the afflicted will be reduced. Around 600 people came to view the exhibit.

Davao City celebrated WAD with parades and programs in the districts of Toril, Agdao, and Poblacion. The LGUs' WAD observance culminated in a program that featured the testimony of a male HIV-positive – turned advocate. More than 400 people listened to his account of his ongoing battle with HIV/AIDS.

In General Santos City, WAD activities began on 1 December with radio plugging that drew attention to the global and national HIV/AIDS problem and called on the residents to participate in World AIDS Day. The WAD celebration held on 12 December featured a slogan-writing contest for high school students and a concert where 13 local bands played. In his message, Mayor Pedro Acharon, Jr. stressed the importance of NGO and private sector support to the fight against HIV/AIDS. Nearly 2,000 residents took part in the WAD activities.

- **Avian Influenza (AI)**

Improving Local AI Preparedness and Response

*Progress in LGU Response to AI*

HealthGov supported 81<sup>3</sup> LGUs consisting of 13 provinces, 53 municipalities, and 15 cities (see Table 6). All 81 LGUs have formulated their AI preparedness plan (AIPP). Seventy of the LGUs have organized an AI task force, and 63 have an ordinance supporting their task force and AIPP implementation. Forty-seven or about half of the LGUs have a budget and logistics to respond to a potential AI outbreak.

*Table 6*  
Distribution of LGUs by elements of AI preparedness, Dec 2008

| Elements of AI Preparedness | Province (n=13) | Municipality (n=53) | City (n=15) | TOTAL (n=81) |
|-----------------------------|-----------------|---------------------|-------------|--------------|
| AI preparedness plan        | 13              | 52                  | 15          | 81           |
| AI task force               | 12              | 44                  | 14          | 70           |
| Ordinance                   | 11              | 38                  | 14          | 63           |
| Budget and logistics        | 11              | 28                  | 8           | 47           |

<sup>3</sup> Three municipalities (viz., Enrile, Cagayan; Ipil and Olutanga in Zambonaga Sibugay) included in the 84 assisted LGUs in Y2Q4 were no longer considered a priority; hence, only 81 LGUs are reported here.

### *Training of Trainers for CBEWS Implementation*

To fast-track the rollout of CBEWS in high-risk LGUs, HealthGov continued to support the training of trainers on strengthening AI preparedness through a community-based early warning system. During the period under review, the project assisted three TOTs which trained 139 municipal and barangay AI task force members and LGU officials from Zamboanga City and seven provinces, namely Zamboanga del Sur, Zamboanga Sibugay, Cagayan, Bulacan, Isabela, Nueva Ecija, and Pangasinan.

Using the CBEWS modules developed by HealthGov, resource persons and facilitators engaged the participants through lectures and discussions on AI and CBEWS concepts and processes as well as practical exercises. Participants practiced filling up the CBEWS reporting forms, which were used during the simulation exercise. For a better appreciation of operationalizing CBEWS, representatives from the pilot site, i.e., Barangay Bula, General Santos City, shared their experience. The exchange of experiences between and among facilitators and participants stimulated discussions. Participants' understanding of AI, the national AI preparedness and response plan, and the CBEWS conceptual framework and operational guidelines was gauged through their response and reactions to the practical exercises and scenarios.

At the end of the TOT, participants prepared an action plan for establishing and implementing CBEWS in their respective areas. The action plan identified key activities, logistics requirements, and target dates for installing CBEWS. To help LGUs roll out their activities, the national AI coordinator committed to provide funds for each region.

HealthGov conducted the TOTs in collaboration with the AI coordinators of DOH, the Department of Agriculture (DA), and the provincial health and veterinary offices.

### *Training on Establishing CBEWS*

HealthGov supported two trainings on establishing a community-based early warning system. CBEWS will ensure early detection and prompt reporting of suspected AI in poultry and humans. In Sarangani, 64 municipal and barangay AI task force members from four LGUs completed the CBEWS training. These LGUs are highly vulnerable coastal barangays, namely Brgy. Kawas, Alabel municipality; Brgys. Sapu Masla and Sapu Padidu, Malapatan; and Brgy. Kabatiol, Maasim.

Meanwhile, 27 community leaders and AI task force members as well as 20 technical staff from the provincial and city veterinary offices, PHO, and CHD participated in the CBEWS training for Brgy. Talon, Roxas City. Training participants prepared their respective action plan that details the key activities in establishing CBEWS in their locality. The plan includes, among others, AI information dissemination among stakeholders, and mobilization of community leaders and local organizations for AI Watch. The trainings were conducted in collaboration with CHD and the DA Regional Office.

To date, all 13 AI high-risk provinces have CBEWS trainers who could rollout the CBEWS training to other LGUs. Twelve barangays in six provinces have installed a community-based early warning system and are implementing it. Table 7 lists these LGUs.

### Broadening Stakeholder Support to Local AI Preparedness

HealthGov supported the AI orientation activities for sectoral leaders, poultry raisers and workers, and men in uniform to help broaden stakeholder support to AI preparedness. Fifty sector leaders who could help disseminate correct information on avian flu participated in the orientation organized by the AI task force of General Santos City and of Brgy. Bula. These leaders represented Catholic lay cooperators, pastors of other faith-based groups, teachers and principals of elementary and secondary schools, TODA (Tricycle Operators and Drivers Association) officers, and community relations officers of the local Philippine National Police (PNP) post.

Participants drew up an AI information dissemination action plan, which the local AI task forces will collate. In support of the action plan, the General Santos AI Task Force pledged to respond to requests for AI resource persons and lecturers. The barangay councilmen also committed to support information dissemination activities of Catholic lay cooperators and TODA leaders.

*Table 7*

13 Provinces have a pool of trained CBEWS trainers; 12 barangay LGUs have installed and are implementing CBEWS, Dec 2008

| PROVINCE                | CBEWS TOT CONDUCTED | LGU   | CBEWS INSTALLED      |
|-------------------------|---------------------|---|----------------------|
| 1. Cagayan              | ✓                   |   |                      |
| 2. Isabela              | ✓                   |   |                      |
| 3. Nueva Ecija          | ✓                   |   |                      |
| 4. Bulacan              | ✓                   |   |                      |
| 5. Capiz                | ✓                   | Brgy. Talon, Roxas City   | ✓                    |
| 6. Negros Occidental    | ✓                   | Brgy. Suay, Himamaylan City<br>Bago City  | ✓<br>✓               |
| 7. Negros Oriental      | ✓                   | Brgy. Tugas, Tanjay City  | ✓                    |
| 8. Agusan del Norte     | ✓                   | Brgy. San Pablo, Jabonga<br>Brgy. San Roque, Kitcharao  | ✓<br>✓               |
| 9. Davao del Sur        | ✓                   |   |                      |
| 10. Sarangani           | ✓                   | Brgy. Bula, General Santos City<br>Brgy. Kawas, Alabel<br>Brgy. Sapu Masla, Malapatan<br>Brgy. Sapu Padidu, Malapatan<br>Brgy. Kabatiol, Maasim | ✓<br><br>✓<br>✓<br>✓ |
| 11. Zamboanga del Norte | ✓                   | Brgy. Magangon, Polanco   | ✓                    |
| 12. Zamboanga del Sur   | ✓                   |   |                      |
| 13. Zamboanga Sibugay   | ✓                   |   |                      |

Meanwhile, HealthGov supported resource persons from the Department of Agriculture Region 12 in orienting 75 poultry owners and selected farm workers from Sarangani, South Cotabato, and General Santos City on AI preparedness, the national AI preparedness plan, and the community-based early warning system.

Participants were given table-top exercises on AI scenario analysis and problem solving of sudden unexplained poultry deaths. Participants presented and discussed the actions they will undertake given the situation. The use of personal protective equipment was demonstrated through a film showing. Participants were taught the proper collection and handling of cloacal and blood samples from chicken, and were given hands-on exercises on specimen collection and culling through cervical dislocation.

Participating poultry raisers and workers identified four of their peers to represent them in the General Santos City AI Task Force and pledged to support the local AI preparedness and response plan implementation.

HealthGov supported DA Region 12 and the Sarangani provincial government in the AI preparedness training for 75 uniformed men from the Philippine National Police of General Santos City and Sarangani, Philippine Army, and the Coast Guard and Maritime groups. The orientation was DA's response to the request of the Deputy Commander of the 1002 Infantry Brigade who was struck by AI's possible threat to national security when he attended an AI orientation in July 2008. In view of this, the national AI coordinator of DA Bureau of Animal Industry provided funds for the conduct of the training.

Training participants committed to assist LGUs in maintaining peace and order in the event of an AI infection and in stamping-out operations in case there are big poultry populations confirmed infected with bird flu. PNP will enforce the AI ordinance and assist line agencies in enforcing regulatory procedures. The Maritime team, which covers the coastal municipalities of Sarangani and General Santos City, will check sea crafts plying the coastal municipalities for smuggled exotic birds, poultry, and poultry products from Indonesia and turn these over to the DA Veterinary Quarantine Office in General Santos City.

#### Follow-on TA on AI Preparedness

In the Visayas, HealthGov assisted the cities of Bago, Himamaylan, Roxas, and Tanjay in various AI preparedness activities. The TA was provided together with partners from CHDs 6 and 7 and the regional DA office. Activities that HealthGov supported included 1) one-on-one meetings with stakeholders, specifically the CHD regional directors, AI coordinator, the mayor, and the administrator of Roxas City; 2) orientation of the Roxas City AI task force on their functions; 3) drafting the AI ordinance of Tanjay City; 4) Meeting of CBEWS installation facilitators for the AI task force of Roxas, Himamaylan, and Tanjay cities; and 5) CBEWS orientation of stakeholders in Bago City, Brgy. Talon in Roxas City, Brgy. Suay in Himamaylan City, and Brgy. Tugas in Tanjay City.

The abovementioned technical assistance 1) created among stakeholder awareness of the need for CBEWS, 2) led to the drafting of an ordinance that supports AI preparedness, 3) supported trained trainers in the conduct of training for barangay stakeholders, and 4) resulted in the installation of CBEWS in Bago City and the three barangays mentioned above.

- **Tuberculosis (TB)**

With technical support of TB LINC and CHD 3, HealthGov conducted a TB assessment workshop for the provinces of Cagayan, Nueva Ecija, and Tarlac, and nine low-performing LGUs in these provinces. The latter consisted of the municipalities of Baggao, Gattaran, and Lasam in Cagayan; Gapan, Guimba, and San Jose in Nueva Ecija; and Camiling, Capas, and Gerona in Tarlac. The workshop initiated the assessment and analysis of the TB situation in non-TB LINC sites, results of which will determine HealthGov's technical assistance to low-performing LGUs. Thirty participants from the PHO, PHTO, CHDs 2 and 3, and the LGUs attended the workshop.

A major output of the workshop was the customization of the TB LINC's TB assessment tool based on the situation and realities in the three provinces. The workshop also created a common understanding of the performance assessment framework. Participants agreed that the workshop gave them a deeper appreciation of looking at TB data; analyzing their TB program performance; and using TB data for planning, decision-making, and improving program performance. Lastly, participants drew up their respective action plan for operationalizing the actual TB assessment using the customized tool.

To date, TB data collection and assessment had been completed by the three provinces and nine LGUs. Technical assistance in planning for improving TB case detection rate and cure rate is schedule in the next quarter.

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

- **ICV Orientation/Training**

During the quarter under review, four orientation/training activities were conducted, which reached 154 participants with information on ICV concepts and principles. Three of these activities were riders on another activity of partner-CHDs while one was a standalone training that HealthGov organized for the project staff of five USAID CAs, namely HealthGov, A2Z, TB LINC, HealthPRO, and SHIELD.

*Table 8*  
6 CHDs and 5 USAID CAs monitored ICV compliance among 155 service providers and 292 FP clients in 147 health facilities across 11 provinces, Oct-Dec 2008

| PROVINCE/<br>CHD          | NO. OF<br>LGUs | NO. OF<br>HEALTH<br>FACILITIES | NO. OF<br>SERVICE<br>PROVIDERS | NO. OF<br>CLIENTS |
|---------------------------|----------------|--------------------------------|--------------------------------|-------------------|
| CHD NCR                   | 4              | 13                             | 14                             | 11                |
| Pangasinan,<br>CHD 1      | 7              | 7                              | 7                              |                   |
| Cagayan, CHD 2            | 1              | 1                              | 1                              |                   |
| Isabela, CHD 2            | 4              | 4                              | 7                              | 1                 |
| Bataan, CHD 3             | 2              | 2                              | 3                              |                   |
| Bulacan, CHD 3            | 19             | 30                             | 30                             | 111               |
| Nueva Ecija,<br>CHD 3     | 27             | 51                             | 52                             | 45                |
| Pampanga,<br>CHD 3        | 1              | 2                              | 3                              | 10                |
| Tarlac, CHD 3             | 10             | 15                             | 15                             | 49                |
| Zambales,<br>CHD 3        | 7              | 12                             | 11                             | 60                |
| Albay, CHD 5              | 2              | 2                              | 2                              | 5                 |
| Negros Oriental,<br>CHD 7 | 6              | 8                              | 10                             |                   |
| <b>TOTAL</b>              | <b>90</b>      | <b>147</b>                     | <b>155</b>                     | <b>292</b>        |

Together with PRISM and SHIELD, HealthGov conducted the third in a series of inter-CA training workshops on ICV compliance monitoring on 9-10 December. This was a follow-on to the USG family planning statutory and policy requirement work-shop held in February 2008 and the second workshop that PRISM conducted on 24-25 September. The activity enabled the project staff to familiarize them-selves not only with USG family planning policy requirements in the local and HSRA context but with the compliance monitoring tools as well.

Twenty-nine project staff completed the two-day training. The didactic phase provided the participants information on the progress of ICV compliance monitoring in the areas of responsibility of the different CAs, specifically HealthGov, PRISM, SHIELD, and HealthPRO. The field practicum conducted in nine health centers in Mandaluyong City gave the participants first-hand experience in using the monitoring tools with family planning clients. Data gathered during the practicum were included in HealthGov's ICV compliance monitoring report for the quarter under review.

- **ICV Compliance Monitoring**

Six CHDs and USAID CA project staff monitored a total of 155 service providers and 292 FP clients in 147 health facilities spread across 90 municipalities/cities in 11 provinces and Metro Manila (see Table 8). These provinces are Pangasinan (7 facilities), Cagayan (1), Isabela (4), Bataan (2), Bulacan (30), Nueva Ecija (51), Pampanga (2), Tarlac (15), Zambales (12), Albay (2), and Negros Oriental (8). All 147 facilities were found compliant with ICV policies.

### ***Coordination with Partners and Stakeholders***

- **Participation in HIV/AIDS TWG Meetings**

HealthGov led discussions of and provided technical inputs to the HIV/AIDS inter-CA TWG which met twice during the quarter under review. The TWG discussed during the 16 October meeting the HPDP-commissioned private sector scan of policies and laws that support HIV/AIDS prevention and control initiatives particularly in the workplace. RA 8504 (AIDS Law) as well as DOLE policies that specified setting up HIV/AIDS programs in companies with more than 200 employees were extensively discussed. The TWG agreed that the policy scan needs to be reviewed and expanded to cover private organizations that provide services to most at-risk populations (e.g., Association of Entertainment Owners and Managers).

The implementation of the DOH Global Fund Round 6 (GFR6) was discussed as well, in particular, the conflict in the focus of GFR6 and that of USAID. The former provides NGOs with drugs, reagents, condoms, and other related commodities, and funds trainings as well. The latter's thrust, on the other hand, is ensuring sustainability by capacitating LGUs to provide services to MARPs, including the necessary drugs and commodities. The need to identify distinct USAID activities in the HIV/AIDS sites thus surfaced in order to avoid duplicating the efforts of other funding agencies and determine USAID's niche in HIV/AIDS prevention and control efforts.

Meanwhile, the TWG identified during the 15 December meeting innovative strategies to effect behavior change among population groups in USG-supported sites. Given the low

prevalence of HIV among MARPs (i.e., < 1%), the TWG agreed that interventions should focus on prevention education targeting most at-risk groups. These include FSWs (establishment-based and freelance), MSM, IDUs, and clients of sex workers. Interventions focusing on the vulnerable groups and the general population will be supported provided the MARPs are adequately covered.

The identified strategies for MARPs include the following:

- Interpersonal communication and counseling (IPC/C) particularly for MSM
- IEC materials development – tri-media for the general population, and print materials for IPC/C among MARPs
- Community theater – to be piloted in three sites in partnership with the *Sangguniang Kabataan* (youth council) and the Philippine Educational Theater Association
- Community mobilization – train MSM group leaders to become peer educators
- HIV/AIDS workplace initiatives

To sustain the peer education program for MSM, which will use IPC/C as an approach, the LGU performance-based grant to NGOs scheme will be implemented in six cities, specifically those of Angeles, Bacolod, Cebu, Davao, General Santos, and Quezon.

For the vulnerable groups – which include overseas Filipino workers, youth, call center workers, and partners of vulnerable group members and MARPs – and the general population, specifically sexually active individuals, the main goal is to increase HIV/AIDS awareness to maintain positive behavior, and to effect behavior change among those with risk behaviors. Current activities include awareness-raising through the HIV component of the pre-marriage counseling requirement, HIV/AIDS awareness seminar for health certificate applicants, pre-departure orientation seminar for overseas contract workers, and STI/HIV/AIDS prevention usually incorporated in the science subject among high school students.

#### • **Participation in MCH TWG Meeting**

HealthGov presided over the lone MCH TWG meeting held during the quarter under review. The meeting, held in the morning of 16 December, focused on the institutionalization of SDIR and the interface of SDIR and SDExH.

The MCH TWG agreed that there is a need to develop a self-help implementation guide to push SDIR institutionalization forward. This could be titled “Implementation Guide to Improving the Delivery of Local Health Systems for Maternal and Child Health, Family Planning, Micronutrients, TB, and STI/HV/AIDS Services.” The TWG also agreed on the distinct features the guide should have. One, it should be flexible enough to include other public health services and incorporate such elements as 1) the link of field health services with hospital services and private sector participation, 2) attention to the needs of indigenous peoples as well as disadvantaged and excluded groups (e.g., GIDA), 3) inter-local health zones, and 4) specific commodities for key public health services. Two, it should include specific measures to improve data recording and reporting, and monitoring operations.

A guide for each type of implementer should be developed: 1) LGU-level implementers and DOH-retained hospital implementers who directly deliver services, 2) DOH-CHD

implementers who provide technical and policy support, and 3) foreign-assisted project level implementers who provide technical assistance.

Based on the group's agreements, the TWG will enhance the existing SDIR guide into an implementer's guide as described above.

The interface of the SDIR and SDExH was also discussed by the MCH TWG. The group agreed that the two tools should be linked, with the former serving as the diagnostic tool and the latter the answer to service delivery quality issues identified through SDIR. In light of this, HealthGov will work with HPDP in linking SDIR and SDExH and for the inclusion of these tools in the CHD toolkit. In addition, HealthGov will prepare an assessment report on all DOH continuing quality initiatives to help draw up recommendations for action.

- **Participation in FP TWG Meeting**

The Family Planning TWG also met once, in the afternoon of 16 December, during the period under review. The meeting agenda included, among others, an update on the status of the DOH PhP150 million and PhP2 billion grant facility for MNCHN, and the need for high-volume service providers.

As of 15 December, 102 of 122 LGUs or 84% had signed the MOA with DOH on the PhP150 million grant for MNCHN. Issues on accessing the grant included delay in MOA signing owing to the religious conviction of some LCEs; LGUs' difficulty in providing their 2007 disbursement report, fund utilization report, or work and financial plan; and varying fund disbursement policies of the regional DBM office and CHDs.

The TWG agreed that HPDP and HealthGov will develop a TA package to guide LGUs in using the MNCHN grant, and a checklist of requirements for accessing the PhP2 billion MNCHN grant.

The TWG responded to study findings showing that FP method use is skewed toward temporary methods rather than long-acting/permanent methods such as IUD and voluntary contraceptive surgery even if the unmet need is limiting births and not spacing. In light of this, the group agreed to formulate a TA package to develop high-volume service providers of long-term FP methods.

### **IR 1.3 Activities Planned for 2nd Quarter Year 3**

- Coordinate and prepare for the visit of the DOH Mission to SDExH sites
- Enhance the SDIR tool and develop a guide for SDIR implementers, technical assistance providers, viz., CHDs and PHOs, and other foreign-assisted health projects
- Conduct a training of trainers (TOT) on the use of the Family Planning Competency-based Training Manual
- Prepare for the IHBSS in Bacolod City
- Conduct an AI tabletop simulation exercise in Roxas City

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

During the quarter under review, HealthGov provided local partners in selected provinces follow-on TA in designing and implementing advocacy-related activities. The TA was anchored on fostering partnerships between and among local government officials, LGU health staff, and civil society organizations (CSOs) to build broad-based support for health and enable active stakeholder participation in local health policy and decision-making. The TA activities were embedded in the core TA to the provinces to intensify LGU advocacy for FP/MCH, TB, AI, and HIV/AIDS. These activities are discussed below.

### ***Setting Up Mechanisms for Community Dialogues and Feedbacking on Health***

One of HealthGov's major TA to LGU health staff is the mobilization of local NGOs/CSOs to set off community-based actions for health. To get this going, appropriate LGU mechanisms for community dialogues are needed to 1) generate consumer, client, and community feedback on access to and quality of health care; 2) monitor implementation of local health policies, programs, and services; 3) broaden community support; and 4) advance community interest and involvement in FP/MCH, TB, and HIV/AIDS. In the last quarter, HealthGov put together the latest version of guidelines of the small grants to local NGOs. This was expected to jump-start the installation of community dialogues and feedback mechanisms and the implementation of community actions for health anchored on recently approved provincial TA handles and plans.

To commence the processing of small grants to NGOs, HealthGov provided *Bantay Kalusugan ng Bulakan* (BKB, Bulacan HealthWatch), Pangasinan Federation of NGOs (PFNGO), and their respective partner-PHOs technical assistance in drafting a concept paper on increasing LGU/NGO advocacy for health in Bulacan and Pangasinan. A series of meetings with BKB, PFNGO, and their partner-PHOs was held to determine and agree on partnership arrangements and desired results. In the next quarter, BKB and PFNGO will prepare with HealthGov TA detailed advocacy action plans and full-blown small grant proposals.

#### Bulacan

HealthGov provided 13 NGO members of BKB and PHO staff TA in mapping out specific LGU-NGO advocacy activities for maternal health and TB control. The activities will involve BKB affiliates in low-performing LGUs. In a series of meetings held during the quarter, HealthGov drafted the concept paper for strengthening advocacy for MCH/FP and TB based on discussions with BKB and agreements with the PHO.

BKB, a coalition of 30 local NGOs and people's organizations, was organized with HealthGov support in 2007 in response to the call of the Bulacan provincial government for NGOs and CSOs to support health sector development. BKB is duly accredited by SEC and the provincial government of Bulacan. It is one of the two NGOs represented in the Provincial Health Board. BKB also sits in the Provincial Development Council and is a member of the board of directors of the Bulacan Local Blood Council. Its initial accomplishments include:

- Supporting the PHO in its health campaigns, particularly in information dissemination, fund sourcing, and mobilizing BKB's network of members and

community groups for the Knock Out *Tigdas* (measles) campaign in October/November 2007, World TB Day celebration in Balagtas, Bulacan, in April 2008, cleanup campaign for dengue prevention and control, and the provincial dengue summit held in September 2008

- Assisting the PHO in conceptualizing and implementing the TB Patrol campaign in August 2008 in the municipality of Paombong, Bulacan, with TA from TB LINC, resulting in the passage of local resolutions supporting TB prevention and control activities in the 14 barangays of Paombong
- Actively participating in the: 1) PIPH/MIPH and CSR review workshops held in December 2007 to February 2008, 2) AI preparedness planning for LGUs held in May 2008 together with LGU health staff and local officials, and 3) HealthPRO's strategic communication planning (SCP) workshop for Bulacan held in May 2008
- Assisting the PHO and MHOs in mapping local health boards (LHBs) and ensuring local NGO representation in LHBs
- Linking up with the Gift of Life Project which aims to forge partnerships and collaboration between various organizations in the US and in the Philippines through the 1) establishment of dialysis centers for the poor, 2) provision of hospital medical equipment project, 3) TB control, 4) mental health development project, 5) values reinforcement (faith, accountability, integrity, transformation, hope), 6) establishment of wellness centers, 7) adoption of hospital/community programs, and 8) coordination of medical projects and missions

As BKB and the PHO have agreed upon in December 2008, BKB will gear its efforts toward advocating for policy and budget support for MCH/FP in low-performing LGUs, monitoring health-related policies, plans, programs, and other community-level health actions. These are expected to improve maternal health in the municipalities of San Jose del Monte, Malolos, Balagtas, Pulilan, and Sta. Maria. Specifically, these improvements are expected to be ushered in by LGU policies and budget that will support the reactivation and functioning of maternal death review committees, PhilHealth accreditation of RHUs' maternity care package, promotion of safe motherhood including policies related to skilled birth attendants and facility-based deliveries, purchase of FP commodities, and mobilization of women's health teams in the different barangays.

### Pangasinan

HealthGov guided core partners from the PHO and PFNGO in determining a set of activities that will improve the PLGU's implementation of the PhilHealth Sponsored Program, particularly in the municipalities of Alcala, Basista, Laoac, San Fabian, and Umingan. To pursue this task, a core group composed of PHO and PHTO representatives and three PFNGO leaders agreed to mount advocacy activities directed at 1) LCEs and MHOs for PhilHealth accreditation of OPB, TB DOTS, and MCP of RHUs in Laoac, San Fabian, and Umingan; and for accreditation of TB DOTS and MCP of RHUs in Alcala; 2) municipal mayors, congressional representatives, and private individuals/sector for the enrolment of true indigent families in San Fabian and Umingan; 3) municipal mayors of Alcala, Basista, and Laoac to come up with a system for identifying the real poor in enrolling indigent families; 4) MHOs and RHU personnel on the importance of accreditation

and facility improvement to improve health performance and coverage; and 5) community/NGO leaders to increase utilization of health services.

Parallel to this, HealthGov provided PFNGO TA in 1) updating the inventory of LHBs and NGO representatives in LHBs, 2) identifying LGU/NGO local health champions such as the AMHOP president and the wife of the municipal mayor of Basista and of Laoac who are also NGO leaders affiliated with PFNGO, and 3) legitimating the partnership of PFNGO and the PHO/MHOs in low-performing LGUs through a MOA and a Sangguniang Panlalawigan resolution.

PFNGO is an indigenous federation of more than 70 local NGOs and community-based organizations in the province of Pangasinan. PFNGO is accredited by the provincial government and recognized by LGUs where its NGO members operate. PFNGO has on-going partnership with the Provincial Health Office which includes among others:

- Mobilizing 36 local NGOs during the partnership forum on HSR/FI with LGU health staff. Together with the PHO, PFNGO and its members signed the covenant for sustainable partnership and agreed to collaborate and work closely with the PLGU in health development.
- Courtesy meetings and dialogue with the Governor for convening the Provincial Health Board and accreditation of NGOs/CSOs with the Local Development Council and other LGU special bodies
- Providing NGO and the community inputs to PIPH as presented in the Pangasinan health summit held in September 2008, SDIR, review of CSR plans, HealthPRO's SCP workshops, and TB LINC's development of radio messages for TB control
- Fundraising to support dental health and environmental sanitation programs of the Provincial Government of Pangasinan by launching the *Hiyas ng PFNGO* (jewel of PFNGO)
- Convening the NGO summit in Pangasinan in partnership with the Regional Development Council – Regional Association of NGOs held in October

### Albay

HealthGov provided TA to NGO members of the Citizens Legislative Advocacy and Sector's Parliament (CLASP) in its advocacy meeting with Sangguniang Panlalawigan Board Member on 16 October. The meeting was conducted to present and discuss CLASP's development agenda and health concerns in the communities as well as solicit logistical support for the mapping of NGOs/POs in the province.

CLASP, created under Provincial Ordinance No. 2007-05, is one of the mechanisms of the Sanggunian to solicit peoples' views, concerns, and feedback on the province's delivery of social services including health. The Sanggunian has appropriated for 2009 PhP1 million for CLASP community empowerment activities and organizational building. As the People's Council, CLASP is expected to play a key role in LGU/NGO advocacy for health, including the formulation of relevant health-related ordinances. In the next quarter, HealthGov will provide the PHO TA in the design and conduct of a roundtable discussion

to ensure continuity of health services in times of calamities and emergencies in Albay province. The TA activity will involve the five NGO-members of CLASP, viz., MIDAS, BCCD, COPE, ASCODE, and ADRN involved in community-based risk reduction and disaster management planning.

### Negros Oriental

HealthGov provided the PHO and PHTL technical assistance in firming up the partnership agreement with the Negros Oriental FP/RH Advocacy Network (NeOFPRHAN). In a meeting held in December, NeOFPRHAN affirmed its commitment to assist the PHO in 1) finalizing the provincial CSR plan and lobbying for increased budget support for the plan's implementation, including the purchase of needed FP commodities; 2) reorienting LGUs and NGOs on the roles and functions of LHBs; and 3) installing in the different LGUs community feedback mechanisms on access to and quality of care. The PHTL committed to ensure NGO participation in the provincial CSR Technical Working Group and in the F1 Local Implementation and Coordination Team. For its part, the PHO ensured that it will facilitate the development of local policies that will guarantee access to FP commodities by the poor and non-poor and will continually provide technical updates on the local FP program to the NGO community.

HealthGov also provided TA to the PHO and PHTL in consulting with NGO partners in Nueva Ecija, Tarlac, and Isabela, and firming up their advocacy actions in support of the PhilHealth Sponsored Program and service delivery improvement related to FP/MCH and TB control. In the next quarter, HealthGov will provide PHO/NGO partners in these provinces TA in drafting the activity proposals of key NGOs.

### ***Monitoring Civil Society Representation in Functional LHBs***

In the last quarter, HealthGov continued the inventory of LHBs, profiling of NGO representatives in LHBs, and local health policy scanning in collaboration with partners from NGOs, PHOs, and CHDs (PHTOs/DRCOs). Initial inventory reports and profiles were updated. As of this writing documents from Bulacan, Isabela, Tarlac, Aklan, Bohol, Capiz, Negros Occidental, Negros Oriental, Agusan del Norte, Bukidnon, and Misamis Oriental, have been retrieved. The full report on this activity is reflected in the PNGOC report for the quarter.

HealthGov also assisted the PHOs in Pangasinan, Tarlac, and Isabela in preparing presentation materials on the provincial health situation, illustrating health data and performance related to MCH, FP, TB, and PhilHealth enrollment of indigents. These advocacy materials and health maps will be utilized by the PHOs in their advocacy meetings with their governor and provincial administrator, health program managers, local health boards, and NGO leaders. In the succeeding quarters, concrete inputs of NGOs to LHB deliberations and their corresponding results will be monitored.

### ***Ensuring Civil Society Participation in LHB/LDC/Sanggunian Deliberations on FP/MCH, TB, AI, and HIV/AIDS***

HealthGov provided TA to the CHO in engaging more NGOs in the STI/HIV/AIDS program of General Santos City. These NGOs, while actively involved in their respective STI/HIV/AIDS activities, have not been fully tapped in implementing and monitoring the city's STI/HIV/AIDS programs, including surveillance, IEC, and condom distribution. The

reactivation of the General Santos City STI/HIV/AIDS Council (GSCHAC) and the involvement of more NGOs in GSHAC were approved in the LHB meeting in October 2008. The memo order for the appointment of GSCHAC with COMDEV (a member of the LHB) as vice chair, and three NGO members (viz., SHED, FPOP, and General Santos City Medical Society) was signed by the city mayor on 30 October. The NGOs are described below:

Community Health and Development, Inc. (COMDEV)

COMDEV receives financial assistance from the city government to address the vulnerability of the youth to STI/HIV/AIDS. COMDEV and its affiliate Well-Family Midwife Clinic were trained in syndromic management of STI/HIV/AIDS. COMDEV also refers clients to the City Health Office and seeks resources to support the trained peer educators for the inter-high school organization called Teen Support Group.

Social Health, Environment, and Development Foundation, Inc. (SHED)

SHED Foundation receives support from the Tropical Disease Foundation since March 2007. Its harm reduction program aims to reduce HIV transmission among vulnerable groups, specifically the IDUs. SHED aims to reach new IDUs in Barangays Lagao, Bula, and Silway in General Santos City; maintain and assist repeat contacts; refer STI patients; and conduct group sessions, site visits, and condom distribution. SHED works closely with Alagad Mindanao, an NGO based in Davao City.

Family Planning Organization of the Philippines (FPOP)

FPOP, an affiliate member of the International Planned Parenthood Federation (IPPF), provides counseling and referrals of suspected HIV+ individuals. It coordinates with maritime schools in providing IEC materials on STI/ HIV/AIDS. It provides family planning and other reproductive health services.

In the previous quarter, HealthGov provided TA in the design of the joint meeting of GSHAC and the LHB, the first formal meeting of GSHAC since it was reconvened in October 2008. Held on 13-14 November, the forum served to orient the members of the Local Health Board and GSHAC on the status of STI/HIV/AIDS program implementation and related policy issuances for their endorsement to the Sanggunian and city mayor. LHB and GSHAC members from both government and NGO sectors (SHED, COMDEV, FPOP) participated in the meeting. The forum sought to 1) enhance the integrated strategic and financial plan drafted by a core team from CHO/SHC, 2) build support to and generate ownership of the ISFP among the government and NGO sectors, and 3) establish an agreement on coordination and collaboration mechanisms between and among NGOs and the CHO/SHC.

The meeting was participated in by the Mayor, CHD 12 Regional Director, and the SP Committee Chair on Health. It resulted in the tacit approval of the ISFP and the CHD's pledge of additional funds for the 1) purchase of syringes and t-shirts for AIDS events, 2) training on disease surveillance as indicated in the ISFP 2009 operational plan in the amount of PhP208,000, and 3) a supplemental budget in the amount of PhP1 million (in addition to the PhP1.9 million approved budget for 2009) that will be submitted to the Local Finance Committee in January 2009 for approval and action.

In this meeting, HealthGov provided technical inputs on 1) the global, national, and local trends in HIV/AIDS and 2) the importance of advocacy and constituency building in HIV/AIDS work. The FPOP representative presented to the LHB the General Santos City Ordinance on HIV/AIDS enacted on 21 February 2008. The ordinance called for the “promulgation of policies and measures for the prevention and control of STI/HIV/AIDS in General Santos City, strengthening the General Santos City STI/HIV/ AIDS Committee, and providing penalties for violations thereof and for other purposes.” Other topics discussed included the global, national, and local trends in HIV/AIDS situation and the DOH strategic objectives for health presented by CHD 12 and the city’s Social Hygiene Clinic.

In the next quarter, TA activities will focus on finalizing and legitimizing the ISFP and establishing a collaboration mechanism between the LGU health staff and NGOs working on HIV/AIDS. The LHB also requested the NGOs to present their organizational activities and accomplishments in the next GSHAC meetings and submit related reports to the SHC for proper coordination and monitoring.

### Capiz Alliance for Health

The Capiz Alliance for Health established with HealthGov support is now recognized by the Provincial Health Board as one of the members of the province’s monitoring and evaluation committee. As a result of HealthGov’s TA activities involving NGOs, *Katibyogan*, a member of the Capiz Alliance for Health, established Health Plus in six barangays of SIMASAJA Inter-local Health Zone which encompasses the municipalities of Sigma, Mambusao, Sapi-an, and Jamindan. Health Plus is modeled after the *Botika ng Bayan* (village pharmacy) in the provision of affordable drugs and medicines in the municipalities. Health Plus provided the NGO the entry point to be accredited as member of LGU special bodies, particularly the Local Health Board. The PHO has asked Katibyogan to share with other NGOs/CSOs/POs the processes, experiences, and insights in operating Health Plus outlets. HealthGov will provide Capiz Alliance TA in effective monitoring of health investment plans, including the CSR plans being finalized by LGUs.

### **Promoting Participatory Policymaking**

Health Gov provided the Sarangani PHO and the Sangguniang Panlalawigan Committee on Health TA in orienting municipal legislators on the rationale for CSR and the need to strengthen local FP programs. They were also oriented on the principles of health care financing, LGU options in expanding PhilHealth universal coverage, and resource mobilization schemes to increase investments required for the implementation of their PIPH and AOP. Advocacy TA was provided in assessing stakeholders’ support to CSR and FP and in finalizing the draft local CSR policies.

To date, the CSR policies of Sarangani province and of the municipalities of Kiamba, Maitum, Alabel, Maasim, Glan, and Malapatan have already been endorsed to the Sangguniang Bayan for deliberation and approval. Meanwhile, the Mayor of Malungon has issued an executive order for the implementation of the LGU CSR plan and policy. In the next quarter, HealthGov will provide the PHO TA in consolidating support for CSR/FP in Sarangani. The intention is to enable 1) the general public and key LGU/NGO/community stakeholders to better understand the importance of the CSR/FP ordinances and LGU CSR plans and act accordingly, 2) local CSR/FP champions to assemble and mobilize support sufficient to overcome possible opposition from other groups; and 3) local CSR/FP

champions to implement activities that will strengthen support for the approval and implementation LGU CSR plans and policies.

***Advocacy Support to TB Assessment, AI Preparedness, NGO/Community Mobilization for HIV/AIDS, CSR Planning, and Strategic Communication Planning***

- **Provincial TB Assessment**

HealthGov supported the conduct of the TB assessment for the provinces of Cagayan, Nueva Ecija, and Tarlac. The workshop aimed to initiate the process of assessing and analyzing the TB situation in non-TB LINC sites, results of which will inform TA provision to improve TB performance in low-performing LGUs. HealthGov's advocacy specialists handled the sessions on customizing the TB assessment tool based on circumstances and realities in the three provinces. They also guided the sessions on action planning and next action steps. The action plans detailed pre-, during, and post-TB assessment activities in nine low-performing LGUs in the provinces of Cagayan (Baggao, Gattaran, Lasam), Nueva Ecija (Gapan, Guimba, San Jose), and Tarlac (Camiling, Capas, Gerona). The action plan included advocacy activities directed toward LCEs/LGU officials. The LGU action plans will also be used by CHDs, PHOs, HealthGov, and HealthPRO as reference for identifying TA to improve TB performance, including quality assurance, certification, and accreditation; capability building; and advocacy, communication, and social mobilization.

- **AI Preparedness and CBEWS Installation**

HealthGov's advocacy support to the Sarangani provincial veterinarian and General Santos City veterinarian resulted in additional funding from DA-BAI National AI Task Force for the conduct of a two-day seminar workshop on AI preparedness and response planning for 75 military and police personnel (i.e. PA, PNP, Coastguard, Maritime) deployed in the province and city. This was held on 27-28 November at the Brigade A in Barangay Pulatana, Malandag, Sarangani Province. Details of the activity are reflected in Section IR 1.3 of this report.

HealthGov's advocacy team also assisted in the CBEWS installation workshops in the 1) provinces of Cagayan, Isabela, Nueva Ecija, and Bulacan held on 5-6 November and 2) cities of Himamaylan and Bago in Negros Occidental held on 11-12 November and 18-19 November, respectively. In these workshops, municipal and barangay AI task forces were oriented on the structure and system for mobilizing community leaders and educating communities on AI preparedness and early reporting of suspected AI cases for prompt action.

Using the HealthGov module on Communicating AI to Various Stakeholders, NGO leaders from PROCESS Cagayan, and the Negros Economic and Development Foundation (NEDF) facilitated and acted as resource persons. The module was also used in the CBEWS installation workshop for the Zamboanga provinces held on 28-30 October in Ipil, Zamboanga Sibugay, and on 29-31 October in Pagadian City, Zamboanga del Sur.

In the Luzon workshop, HealthGov facilitated the session on sharing of the CBEWS installation experience of Barangay Bula, General Santos City. At the end of the CBEWS training, the municipal and barangay AI task forces prepared action plans for establishing and implementing CBEWS in their respective area. In the city of Himamaylan, CBEWS will be implemented not only in a pilot barangay but 10 barangays. Funding support of

barangay captains who participated in the CBEWS training session has been ensured. Details of these TA activities are available in the AI portion of Section IR 1.3 of this report.

- **NGO/Community Mobilization for HIV/AIDS**

In the last quarter, HealthGov advocacy team assisted the project's HIV/AIDS Specialist in providing advocacy TA to partner-CHDs and social hygiene clinic staff in selected sentinel sites. TA was also provided in mobilizing NGOs to participate in planning and mounting 2008 World AIDS Day celebrations in the cities of Quezon, Angeles, Bacolod, and General Santos. These activities are reflected in some detail in Section IR 1.3 of this report.

The project advocacy team also assisted in organizing the entertainment establishment owners and managers (EEOMs) as initiated by the Quezon City Health Departments and the Quezon City STI/AIDS Council (QCSAC). These included 12 entertainment owners of spa establishments, 11 owners of KTV clubs, and 11 owners of health clubs. The organizational meeting of the EEOMs of Quezon City on 8 November was meant to bring together the EEOMs of Quezon City to be equal partners of the City Health Department in STI/HIV/AIDS prevention. Partnership areas include mounting AIDS-related community events including the World AIDS Day celebration in December and championing the approval of the city's ISFP for HIV/AIDS.

The project advocacy team also assisted in expanding NGO participation in QCSAC activities. The NGOs recognized for their HIV/AIDS-related programs and activities include Philippine Rural Reconstruction Movement (PRRM), the Women's Health Care Foundation and the Quezon City Population Council associated with the Office of the City Vice Mayor. In the next quarter, TA on community mobilization will be provided to these NGOs and QCSAC to effectively reach most at-risk groups in the city.

In Pasay City, HealthGov provided TA in mobilizing NGOs in the reactivation of the Pasay City AIDS Council (PCAC). In a meeting held on 9 December, NGOs involved in HIV/AIDS work in Pasay City, namely the PRRM, TRIDEV, AIDS Society of the Philippines, Pinoy Plus and member-establishments of the Pasay City Entertainment Owners and Managers Association (PACEOMA) committed full support to reviving the PCAC and strengthening HIV/AIDS prevention in the city. In the next quarter, HealthGov will provide advocacy support to PCAC and PACEOMA in firming up and securing budget support for the Pasay City integrated strategic and financial plan for HIV/AIDS.

In Metro Cebu, the project advocacy team provided TA to CHD 7 in the design and conduct of the tri-city consultative meeting on HIV/AIDS involving the cities of Cebu, Mandaue, and Lapu-Lapu. The city health officers and social hygiene clinic physician actively participated in the meeting.

The HealthGov advocacy team also assisted in the conduct of the IPC/C training held in Cebu City on 28-30 October in collaboration with HealthPRO. A total of 27 MSM from different barangays in Cebu City attended the training. Their activities in reaching out to other MSM and most at-risk groups in the city will be monitored by barangay officials and reported to the Cebu City SHC for proper evaluation.

In the next quarter, TA will be provided to the cities of Cebu, Mandaue, and Lapu-Lapu on the collaboration protocol as will be agreed upon in the partnership-building workshop for

better governance on HIV/AIDS. This workshop will involve local NGOs working on HIV/AIDS in the three cities.

In Bacolod City, HealthGov's advocacy support resulted in the Vice-Mayor's call to fast-track processing of the budget allocation for the HIV/AIDS program which aims to intensify HIV/AIDS education and strengthen the CHO social hygiene clinic. The call was made during the opening of the HIV/AIDS exhibit held on 17-18 December at SM City Bacolod Mall as part of World AIDS Day celebrations. The exhibit, organized in collaboration with CHO SHC and HOPE Foundation, a local NGO-partner in HIV/AIDS prevention, will be mounted in different schools and universities in the city as part of continuing information dissemination on HIV/AIDS prevention.

- **CSR Planning**

During the quarter under review, the HealthGov advocacy team in the Visayas spearheaded the municipal-level CSR updating workshops in the provinces of Aklan, Capiz, Negros Occidental, and Negros Oriental. To date, all the municipalities and cities of these provinces have already developed their municipal/city CSR plans and have incorporated the MNCHN grant allocation for their FP commodity requirements. In the next quarter, HealthGov will provide PHO partners TA in advocating to their LCEs for the enactment of CSR policies and the approval of budget to support the implementation of such at the LGU level. Technical inputs on advocacy and consolidating support for CSR/FP will be incorporated in one of the sessions of the province-wide CSR plan write shop planned in the next quarter.

- **Strategic Communication Planning for FP and MCH**

HealthGov's advocacy team co-facilitated the small group work on FP and MCH communication as part of HealthPRO's strategic communication planning closeout workshops for Bulacan and Pangasinan held in October and November, respectively. Similar SCP workshops were held in the cities of Angeles, Quezon, and Pasay on 2-3 October, 13-14 November, and 10-11 December, respectively, with focus on communication and advocacy action plans for STI/HIV/AIDS. HealthGov's partner-NGOs, viz., PFNGO, BKB, and IMA, actively participated in the workshops.

HealthGov also participated in the inter-CA technical assistance to DOH National Center for Health Promotion on behavior change communication (BCC). This was held on 3-5 December in Manila. In the next quarter, Health Gov, along with HealthPRO and partner-PHOs, will revisit the SCP plans of the initial provinces in the context of the provincial TA handles and approved TA plans and decide on appropriate and LGU-specific BCC interventions that will be implemented to address specific health issues and challenges particularly in low-performing LGUs.

### **IR 1.4 Activities Planned for 2nd Quarter Year 3**

- Provide LGU and NGO partners and local health champions TA in planning and implementing critical advocacy activities for FP, MCH, TB, and HIV/AIDS in low-performing LGUs, specifically
  - organizing LGU-specific advocacy and community-based actions

- installing appropriate mechanisms for community dialogues as sources of community inputs to the SDIR process, enhancement of CSR plans, and enactment of needed policies with broad stakeholder support
- providing funding support to key NGO partners to jump-start the implementation of community actions for health in low-performing LGUs in Bulacan, Pangasinan, Negros Oriental, Agusan del Norte, Misamis Occidental, Sarangani, South Cotabato, and Zamboanga Sibugay

## 5. Monitoring and Evaluation (M&E)

### ***Consolidation of the Standard OP Indicator Values and Preparation of FY2 Report for Submission to USAID***

As the lead CA for MNCHN and HIV/AIDS, HealthGov consolidated the inter-CA FY2 accomplishment for MNCHN OP indicators and HIV/AIDS OP indicators for submission to USAID. Of the 18 standard operational plan (OP) indicators required by USAID from all CAs by end of October 2008, HealthGov was to report on 17 OP indicators – 3 FP/RH, 7 MNCHN, 3 TB, and 4 HIV/AIDS indicators. The FY2 accomplishments for three FP/RH indicators were submitted to PRISM for consolidation. Likewise, FY2 accomplishment for four TB OP indicators in the 11 non-TB LINC provinces was forwarded to TB LINC for integration to the overall report on the TB OP indicators.

The narrative reports that described TA inputs and the program element achievements vis-a-vis the quantitative accomplishments were also prepared and submitted to USAID.

HealthGov assisted in providing inputs to the USAID internal PIR by preparing charts and graphs illustrating the performance trends of MNCHN and FP/RH health indicators. In addition, inputs were also provided to the summary of key achievements and results brought about by the inter-CA TA interventions.

### ***OP Indicator Targets for MNCHN, FP/RH, HIV/AIDS, and TB for 2009 and 2010***

Alongside with the reporting of the achievements for the 2008 targets of the OP indicators, the CAs were also required by USAID to review, revise and submit the new targets for Years 2009 and 2010 based on 2008 accomplishments and TA interventions planned for these years. Similar to the consolidation of the FY2 accomplishments, HealthGov integrated the inter-CA targets for MNCHN and HIV/AIDS OP indicators. The HealthGov targets for FP/RH and TB targets were submitted to PRISM and TB LINC, respectively.

### ***Operationalizing the M&E Plan (Version 3)***

HealthGov completed the third revision of the M&E plan and submitted a copy to USAID on 5 December.

The harmonized set of OP and project indicators brings to 84 the indicators that HealthGov will report on. This consists of 61 OP indicators (17 standard, 4 custom, 22 internal, and 11 CA-specific indicators) and 23 project performance indicators. The OP indicators will be reported annually while the project indicators will be reported quarterly.

In operationalizing the M&E plan, data collection for the OP indicators from the field, especially those generated from the FHSIS, poses a challenge. The Inter-CA M&E TWG is still finalizing the manual of OP indicators, which includes data collection flow, data capture forms, and protocols. When finalized and used, this will provide a more systematized procedure for collecting and ensuring the timely submission of more reliable data from the field.

On the other hand, the collection of data for HealthGov project performance indicators also needs some finetuning due to the revisions of targets and milestones following the development of new provincial handles and refocused TA interventions. In the revision of the FY3 Annual Work Plan, the expected outputs and milestones of technical assistance were aligned with the project performance indicators to measure accomplishments in the project sites.

### ***Management Information System (MIS)***

Highlights of the HealthGov Management Information System (MIS) activities for the quarter are as follows:

- Updating the TRAINET to include training activity captured by the Training Management Information System (TMIS) reports for the months of October to December 2008. Some 459 males and 744 females totaling 1,203 participants were trained in various program areas. The cost share of LGUs for these activities is 49% while HG (USAID) funds covered the remaining 51%.
- Collection of the latest FHSIS and NTP reports from the field staff for encoding of OP indicators into the PMISweb module for all the four health programs – MNCHN, FP/RH, TB, and HIV/AIDS to update existing data
- Enhancement of completed eight reporting capabilities of the web Performance Management Information System (PMISweb) with the addition of two more reporting capabilities – “training indicators for all provinces” and “performance and OP numeric indicator values for all provinces”
- Update of the four PMIS user manuals in lieu of the on-going enhancement and additional features of the PMIS, specifically, the HealthGov Website Manual for Administrator, the HealthGov Manual for Editor, the PMISweb Management Module Manual for Administrator, and the PMISweb Users Manual for Provincial and Regional Coordinators
- Weekly monitoring of the work progress of Digital Solutions in completing the report-generation function of the PMIS stand-alone module and the enhancement of the already existing report-generation features of the web module
- Support to data requests of other cooperating agencies like A2Z, TB LINC, HealthPRO, and HPDP

### ***Coordination for the Inter-CA Regional Orientation Workshop***

HealthGov coordinated the logistical arrangement for the two batches of HPDP-facilitated inter-CA regional orientation workshop on M&E conducted at the start of the quarter. The workshop for the Luzon and Visayas groups was conducted on 30 September – 1 October in Clark while the second batch for the Mindanao group was conducted on 7-9 October in Cebu City. The workshop outputs served as inputs to revisions in the inter-CA M&E manual of indicators, i.e., data capture forms, data collection flow, and data quality assessment. In addition, the workshop served as venue for leveling off participants' understanding of the various OP indicators and responsibilities in data collection, data quality assessment, and reporting.

### ***Participation in M&E TWG Meetings***

HealthGov actively participated in the M&E TWG meetings and activities during this reporting period. The major accomplishments of the TWG for this quarter were:

- Two inter-CA M&E orientation workshop
- Preparation of the FY2 inter-CA reports for USAID
- Presentations of accomplishments at the OH PIR
- Review of the inter-CA M&E manual

Although the finalization of the M&E manual was planned for the quarter under review, the major M&E activities during the yearend reporting to USAID and PIR activities have delayed the actual revision process right after the regional M&E orientation workshops. Thus, the finalization and utilization of the manual was moved to the next quarter.

### ***M&E Activities Planned for 2nd Quarter Year 3***

- Review and revise the monthly and quarterly reporting system to include a simplified data capture for both quantitative and qualitative data and ensure the alignment of key performance indicators with the revised work plan
- Finalize the inter-CA manual of OP indicators with the M&E TWG
- Update the capture of both HealthGov project performance and OP indicators in the PMIS
- Conduct the FHSIS study in collaboration with the LGU Governance Team and Health Programs Team
- Operationalize the PMIS (PMISweb and PMIS stand-alone) to generate reports
- Train HealthGov technical and field staff in the use of the enhanced PMIS

## 6. Financial Report for the Quarter

### *Financial Summary*

Presented in Table 9 is the financial summary for the period 1 October to 31 December 2008. Cumulative expenditures of \$10,362,157.50 as of end of this quarter represent 62.2% of the cumulative obligation, and 44.5% of the total life-of-project funding.